The Health Enrollment Reporting File Table below provides a list of data fields that Employers will be asked to provide CalPERS in the Health Enrollment process. The columns given below are intended to be used for the purpose of helping to identify the information that must be submitted, and how the information should be formatted. Each column should be interpreted as follows:

- Data Element Number – The numerical designation that corresponds with data element in the same row
- Data Element Name – The plain-English name of the information that will be required in this field
- Description of Submitted Data – A longer, more detailed description of the field including explanation of submitted data, and any conditions under which the field must be populated
- R/O/C – Indicates if the information is required, optional, or conditional
    - 'R' indicates that the data is required for the field and an error will generate if the field is not populated
    - "C" indicates that the data for that field is required when certain conditions are met based on values in another field. Applicable conditions are located in the column of this document titled 'Description'. Information populated when not called for by a condition will be ignored. If data is missing in a Conditional field that required the data based on a condition, an error will be returned
    - 'O' indicates that the data is optional for that field. Information populated when not called for will be ignored. If data is missing in an Optional field, no error will be returned.  The column titled 'Description' indicates what format the optional data must be provided in.  If optional data is provided that does not meet the specified format an error will result
- Data Hierarchy – Provides context of how the data element relates to other data elements in the XML file structure (see data structure outline on page 2 of this document)
- Data Type – Tells what kind of data is being dealt with. May indicate: date, string, or integer
- Field Values – A list of the data that should be provided, if applicable, or the format that the field should be populated under
- Max Length – The maximum number of characters that the field will accept

Appendix B of this document contains an analysis of the future fields in the Health Enrollment file, and their equivalent, if applicable, in the ACES system currently used today. Also included is a column labeled 'Change?', which states if a change in the current column is going to occur.

We do not anticipate significant changes to the file format however additional field values will be identified in the coming months. Please check the PERT webpage for the latest file format and review the information entitled *Known Inconsistencies in the Data Element Specifications* for data elements that are pending clarification through a formal change control process at this link:

http://www.calpers.ca.gov/index.jsp?bc=/employer/pert/home.xml

Also included on this website is the XML Schema Definition (XSD) that provides a sample XML data structure. Employer produced XML files must conform to the XSD in order to be considered 'valid'. Employers will be able to use the schema to help develop or alter their systems to comply with the new standards in order to submit data files to CalPERS. XML tools are available on a variety of platforms to help IT developers create XML files that adhere to the CalPERS schema. The XML file is different from flat files that many Employers send CalPERS today in that the information is organized in a hierarchical structure much like a standard outline. The XML Schema Definition, available at the link above, documents this report structure in detail. This document provides an indication of how the report fields are related to each other in the column titled 'data type'. The following is an outline of the XML file structure:

A. Subscriber Health Enrollment – For example, Person ID, Medical Plan, and Appointment ID
   1. Dependent – For example, Dependent First and Last Name, Dependent Address

The outline above can be repeated so there can be multiple dependents for a Subscriber in a single file.

In addition to the XSD, a sample XML file will be provided in the fall of 2008. The sample output file can be used as a model for your agency as you produce test files.

XML technologies define an extensible messaging framework that provides a message construct that can be exchanged over a variety of underlying protocols. This framework is designed to be independent of any particular programming language, platform, and other technical criteria. The following links provide some of the tools that are available on the internet that can help you better understand how to prepare an XML Schema:

| ToolKit / Information | Location |
| --- | --- |
| Java Apache AXIS | http://xml.apache.org/axis |
| Python Web Services | http://Pywebsvcs.sourceforge.net |
| Perl SOAP | http://www.soaplite.com |
| PHP NuSOAP | http://www.sourceforge.net/projects/nusoap/ |
| XML | http://www.xml.org/ |
| COM Microsoft SOAP | http://msdn.microsoft.com/code/default.asp |
| NET .NET Framework SDK | http://msdn.microsoft.com/downloads/default.asp?URL=/code/sample.asp?url=/MSDN-FILES/027/000/976/msdncompositedoc |
| C++ | http://www.sqldata.com/soapclient/soapclient30.htm |

**Health Enrollment Reporting File Table**

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| 1 | **Employer's CalPERS ID** | **Description:**<br>The CalPERS ID is a unique 10 digit identifier created by the new system. This unique identifier replaces the Employer/Unit Code**.**<br><br>**Explanation:**<br>The new system will create this unique identifier.  This unique identifier replaces the Employer/Unit Code.<br><br>• If the County Office of Education (COE) reports for a school district, use the school district's CalPERS ID.<br>• If the school district reports itself, use the school district's CalPERS ID.<br>• If the COE reports on behalf of COE employees, use the COE's CalPERS ID.<br><br>**Required:**<br>This data is required | R | Subscriber Health Enrollment | String | ########## | 10 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | | MAX LENGTH |
|---|---|---|---|---|---|---|---|---|
| | | **Note:**<br>No notable information | | | | | | |
| 2 | Health Event Type | **Description:**<br>The health event type<br>**Explanation:**<br>See description.<br><br>**Required:**<br>This data is required<br><br>**Note:**<br>No notable information | R | Subscriber Health Enrollment | String | **LONG NAME** | **CODE VALUES** | 3 |
| | | | | | | Add Dependent | ADP | |
| | | | | | | Delete Dependent | DDP | |
| | | | | | | Cancel Coverage | CCO | |
| | | | | | | Change Health Plan | CHP | |
| | | | | | | Dependent Address Change | DEC | |
| | | | | | | Change Premium Payment Method | CPP | |
| | | | | | | New Enrollment | NEN | |
| | | | | | | Open Enrollment | OEN | |
| | | | | | | Continued Enrollment | COE | |
| | | | | | | Update Enrollment | UEN | |
| | | | | | | COBRA New Enrollment | CNE | |
| | | | | | | For descriptions of Health Event Types, please see Appendix A, Section 1 | | |
| 3 | Health Event Reason | **Description:**<br>The reasons for health enrollment. These are categorized by Health Event Types | R | Subscriber Health Enrollment | String | See Appendix A, Section 2 | | 3 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | **Explanation:**<br>See description<br><br>**Required:**<br>This data is required<br><br>**Note:**<br>No notable information | | | | | |
| 4 | Unique Transaction Identifier | **Description:**<br>The Unique Transaction Identifier is a memo field to record text for tracking purposes.<br><br>**Explanation:**<br>Employers uploading files can use this field to record a text memo for tracking purposes.<br><br>**Required:**<br>Required if the file is sent using FTP. It is optional for File Upload<br><br>**Note:**<br>For Employers who upload files, this filed can be used as a free-text memo for tracking purposes. This is not required for successful | C | Subscriber Health Enrollment | String | xxxxxxxx-xxxx-xxxx-xxxx-xxxxxxxxxxxx | 36 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | submission of the file<br><br>For FTP-based submissions, CalPERS will return the universally unique identifier (UUID) provided by the employer, with each transaction's success or failure. Employers, who choose this integration style, must be able to programmatically match the UUIDs on the CalPERS response, with the transaction submitted to CalPERS, on the input file. This number must be created by a UUID generator**.** | | | | | |
| 5 | Event Date | **Description:**<br>The date the health event occurred<br><br>**Explanation:**<br>See description<br><br>**Required** for all Health Event Types except for 'Open Enrollment'<br><br>**Note:** | C | Subscriber Health Enrollment | Date | yyyy-mm-dd | 10 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | No notable information | | | | | |
| 6 | Received Date | **Description:** The date the Employer was notified of the health event<br><br>**Explanation:** See description<br><br>**Required** for all Health Event Types except:<br>• Update Enrollment<br><br>**Note:** No notable information | C | Subscriber Health Enrollment | Date | yyyy-mm-dd | 10 |
| 7 | Apply Change To Medical | **Description:** Indicates that the change/enrollment applies to the Medical benefit<br><br>**Explanation:** See description<br><br>**Required** for all Health Event Types, except for 'Change Dependent Address'<br><br>**Note:** No notable information | C | Subscriber Health Enrollment | String | True<br>False | 5 |
| 8 | Apply Change To | **Description:** | C | Subscriber | String | True | 5 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | Dental *(placeholder data element tied to future legislation)* | If dental becomes an option in the future, this data element indicates the change/enrollment applies to the Dental benefit<br><br>**Explanation:**<br>See description<br><br>**Required** for all Health Event Types, except for 'Change Dependent Address'<br><br>**Note:**<br>No notable information | | Health Enrollment | | False | |
| 9 | Apply Change To Vision *(placeholder data element tied to future legislation)* | **Description:**<br>If vision becomes an option in the future, this data element indicates the change/enrollment applies to Vision benefit<br><br>**Explanation:**<br>See description<br><br>**Required** for all Health Event Types, except for 'Change Dependent Address'<br><br>**Note:** | C | Subscriber Health Enrollment | String | True<br>False | 5 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | No notable information | | | | | |
| 10 | Rescind Indicator | **Description:** Indicates whether a health enrollment transaction, with a future date, should be rescinded<br><br>**Explanation:** Employers will have the ability to rescind future-dated, permissive, health-enrollment reasons.  For a list of the permissive health-event reasons, please see Appendix 1, Section 6<br><br>**Required:** No required data<br><br>**Note:** No notable information | O | Subscriber Health Enrollment | String | True<br>False | 5 |
| 11 | Rescind Reason | **Description:** Provides the reason why a health enrollment transaction is rescinded<br><br>**Explanation:** See description<br><br>**Required** if Rescind | C | Subscriber Health Enrollment | String | Free form text will be allowed to describe the rescind indicator, up to 100 characters | 100 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | Indicator is selected as True<br><br>**Note:**<br>No notable information | | | | | |
| 12 | Rescind Notes | **Description:**<br>This area allows for notes about the reason for rescission<br><br>**Explanation:**<br>Data accepted if Rescind Indicator is selected as True<br><br>**Required:**<br>No required data<br><br>**Note:**<br>No notable information | O | Subscriber Health Enrollment | String | Free form text will be allowed to add notes to the rescind reason, up to 1000 characters | 1000 |
| 13 | Appointment ID | **Description:**<br>The Appointment ID uniquely identifies the job into which the employee has been hired.<br><br>**Explanation:**<br>Required if the Employee has:<br>▪ Multiple appointments in the same program (e.g., | C | Subscriber Health Enrollment | String | ################ | 16 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | multiple PERS appointments) with the Employer (as reported in Field 1 – Employer's CalPERS ID), and the Employer is reporting 'New Appointment' for a different program (e.g., Health)<br>▪ Required if an appointment update is being reported and:<br>▪ The employee has multiple appointments with the Employer being reported in Field 2 – Employer's CalPERS ID.<br><br>An appointment update includes the following transaction types:<br>▪ Add Dependent<br>▪ Delete Dependent<br>▪ Cancel Coverage<br>▪ Change Health Plan<br>▪ Dependent Address Change<br>▪ Change Premium Payment Method<br>▪ Open Enrollment<br>▪ Continued Enrollment<br>▪ Update Enrollment | | | | | |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | **Note:** Prior to system implementation, CalPERS will provide Employers with a list of Appointment IDs for their employees. After system implementation, Employers can run a report online to generate a list of Appointment IDs. | | | | | |
| 14 | Person Identifier Type | **Description:** Type of unique person identifier<br><br>**Explanation:** When first reporting for a person, this ID can be SSN. On all subsequent transactions for the person, the Person Identifier Type CalPERS ID must be provided<br><br>**Required:** This data is required<br><br>**Note:** Fields 17 – 45 are grouped together, because all apply to the Person | R | Subscriber Health Enrollment | String | <table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>Social Security Number</td><td>SSN</td></tr><tr><td>CalPERS Identification</td><td>PID</td></tr></table> | |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | "Person" refers to the health subscriber, who is the direct recipient of the health benefits (e.g., Member, Survivor) | | | | | |
| 15 | Person Identifier | **Description:**<br><br>The unique identifier of the person who qualifies for health enrollment<br><br>**Explanation:**<br><br>If SSN is selected as Person ID Type, the number should be submitted using the following format:<br><br>• The Social Security Number must be nine digits<br><br>• Social Security Numbers cannot start with 8, 9, or 666<br><br>• Each section of the Social Security Number cannot be all zeroes (i.e., 000XXXXXX, XXX00XXXX, and XXXXX0000 are each prohibited) | R | Subscriber Health Enrollment | Integer | xxxxxxxxx (SSN)<br>xxxxxxxxxx (CalPERS ID) | 10 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | The CalPERS ID, which is 10-digits, will be created and stored by the new system during enrollment, and will be used to identify participants when data is shared with CalPERS. It will be used in place of a Social Security Number in subsequent enrollment files. Prior to system "go-live", CalPERS will send employers a file with the Person Identifier CalPERS ID for each of their existing employees and dependents<br><br>**Required:**<br>This data is required<br><br>**Note:**<br>No notable information | | | | | |
| 16 | New SSN | **Description:**<br>The New SSN is a correction to the Social Security Number<br><br>**Explanation:**<br>Used to correct a member's Social Security Number | O | Subscriber Health Enrollment | String | ######### | 9 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | **Required:**<br>No required data<br><br>**Note:**<br>Data accepted for Health Event Type 'Update Enrollment' and Health Event Reason 'Update Demographics' | | | | | |
| 17 | Original Hire Date | **Description:**<br>The first hire date recorded for this Employee at this Employer, regardless of whether or not the Employee qualified for health benefits on this date<br><br>**Explanation:**<br>See description.<br><br>**Required:**<br>When Transaction Type is 'New Enrollment' and the individual being reported is a non-PERS Health Subscriber<br><br>**Note:**<br>No notable information | C | Subscriber Health Enrollment | Date | yyyy-mm-dd | 10 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | | MAX LENGTH |
|---|---|---|---|---|---|---|---|---|
| 18 | Prefix | **Description:**<br>The Person's title<br><br>**Explanation:**<br>See description<br><br>**Required:**<br>No required data<br><br>**Note:**<br>No notable information | O | Subscriber Health Enrollment | String | **LONG NAME** | **CODE VALUE** | 3 |
| | | | | | | Assembly Member | ASM | |
| | | | | | | Chief | CHI | |
| | | | | | | Councilman | COU | |
| | | | | | | Councilwoman | CCW | |
| | | | | | | Dean | DEA | |
| | | | | | | Doctor | DR | |
| | | | | | | Judge | JUD | |
| | | | | | | Mayor | MAY | |
| | | | | | | Miss | MIS | |
| | | | | | | Mister | MR | |
| | | | | | | Mrs | MRS | |
| | | | | | | Ms | MS | |
| | | | | | | President | PRE | |
| | | | | | | Professor | PRO | |
| | | | | | | Senator | SEN | |
| | | | | | | Superintendent | SUP | |
| | | | | | | Supervisor | SVR | |
| | | | | | | The Honorable | HON | |
| | | | | | | Justice | JUS | |
| | | | | | | Chief Justice | CHJ | |
| 19 | First Name | **Description:**<br>The Person's first name<br><br>**Explanation:** | R | Subscriber Health Enrollment | String | xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx | | 30 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | See description<br><br>**Required:**<br>This data is required<br><br>**Note:**<br>Only Alpha characters, blank spaces, hyphens (-), and apostrophes (') will be accepted | | | | | |
| 20 | Middle Name | **Description:**<br>The Person's middle name<br><br>**Explanation:**<br>See description<br><br>**Required:**<br>No required data<br><br>**Note:**<br>Alpha characters only and will allow blank spaces, hyphens (-), and apostrophes (')<br>No minimum required | O | Subscriber Health Enrollment | String | xxxxxxxxxxxxxxxxxxxx | 20 |
| 21 | Last Name | **Description:**<br>The Person's last name<br><br>**Explanation:**<br>See description | R | Subscriber Health Enrollment | String | xxxxxxxxxxxxxxxxxxxx | 20 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | **Required:** This data is required<br><br>**Note:** Only alpha characters, blank spaces, hyphens (-), and apostrophes (') will be accepted.<br>• Minimum of one alpha character.<br>• Cannot begin with a blank space | | | | | |
| 22 | Gender | **Description:** The Person's gender<br><br>**Explanation:** See description<br><br>**Required:** This data is required<br><br>**Note:** No notable information | R | Subscriber Health Enrollment | String | <table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>Male</td><td>M</td></tr><tr><td>Female</td><td>F</td></tr><tr><td>Unknown</td><td>U</td></tr></table> | 3 |
| 23 | Birth Date | **Description:** The Person's date of birth<br><br>**Explanation:** See description<br><br>**Required:** This data is required | R | Subscriber Health Enrollment | Date | yyyy-mm-dd | 10 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | **Note:**<br>No notable information | | | | | |
| 24 | Suffix | **Description:**<br>The Person's suffix, if applicable<br><br>**Explanation:**<br>See description<br><br>**Required:**<br>No required data<br><br>**Note:**<br>No notable information | O | Subscriber Health Enrollment | String | <table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>Senior</td><td>SR</td></tr><tr><td>Junior</td><td>JR</td></tr><tr><td>First</td><td>I</td></tr><tr><td>Second</td><td>II</td></tr><tr><td>Third</td><td>III</td></tr><tr><td>Fourth</td><td>IV</td></tr><tr><td>Fifth</td><td>V</td></tr><tr><td>Ph.D</td><td>PHD</td></tr><tr><td>MD</td><td>MD</td></tr><tr><td>CPA</td><td>CPA</td></tr><tr><td>Ed.D</td><td>EDD</td></tr><tr><td>Esq.</td><td>ESQ</td></tr><tr><td>DDS</td><td>DDS</td></tr></table> | 3 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | | MAX LENGTH |
|---|---|---|---|---|---|---|---|---|
| 25 | Address Type | **Description:** The Person's address type **Explanation:** See description **Required for Health Event Type:** ▪ New Enrollment ▪ 'Cancel Coverage', if Health Event Reason is 'Enrolled into Flex Elect' ▪ 'COBRA New Enrollment', if Eligibility Basis is either 'COBRA Qual Dependent' or 'COBRA Qual Dependent New Contracting' **Note:** Only one address type can be submitted with each health enrollment transaction | C | Subscriber Health Enrollment | String | **LONG NAME** / **CODE VALUE** Mailing Address — MAI; Physical Address — PHY; Benefit Payment Address — BPA; Rollover 1 Address — RO1; Rollover 2 Address — RO2; IME Appointment Address — APP; USPS Provided — USP; Third Party Provided — TPP | | 3 |

The FIELD VALUES cell contains the following sub-table:

| LONG NAME | CODE VALUE |
|---|---|
| Mailing Address | MAI |
| Physical Address | PHY |
| Benefit Payment Address | BPA |
| Rollover 1 Address | RO1 |
| Rollover 2 Address | RO2 |
| IME Appointment Address | APP |
| USPS Provided | USP |
| Third Party Provided | TPP |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| 26 | Use Address for Health | **Description:**<br>Indicates that the Person's address should be used for health enrollment<br><br>**Explanation:**<br>See description<br><br>**Required** for Health Event Type 'COBRA New Enrollment' if Eligibility Basis is either 'COBRA Qual Dependent' or 'COBRA Qual Dependent New Contracting'<br><br>Data accepted if reported for Health Event Types 'New Enrollment' and 'Cancel Coverage'<br><br>**Note:**<br>If a PO Box is given, this will result in an error | C | Subscriber Health Enrollment | String | True | 5 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| 27 | Health Eligibility ZIP Code Type | **Description:**<br>The type of ZIP Code used to determine health eligibility<br><br>**Explanation:**<br>See description<br><br>**Required** when Health Event Types:<br>• New Enrollment<br>• Change Health Plan<br>• 'Cancel Coverage', when Health Event Reason is 'Enrolled into Flex Elect'<br>• 'COBRA New Enrollment' when Eligibility Basis is 'COBRA Qual Dependent' or 'COBRA Qualifying Dependent New Contracting'<br><br>**Note:**<br> No notable information | C | Subscriber Health Enrollment | String | Personal<br>Employer | 10 |
| 28 | Health Eligibility ZIP Code | **Description:**<br>The health eligibility ZIP Code | C | Subscriber Health Enrollment | Integer | ##### | 5 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | **Explanation:** This field is required if Health Eligibility ZIP Code Type is 'Personal' or 'Employer' <br> • Use a numeric format <br> • Must be a US ZIP Code <br><br> **Required** when Health Event Types: <br> • New Enrollment <br> • Change Health Plan <br> • 'Cancel Coverage'**,** when Health Event Reason is 'Enrolled into Flex Elect' <br> • 'COBRA New Enrollment' when Eligibility Basis is 'COBRA Qual Dependent' or 'COBRA Qualifying Dependent New Contracting' <br><br> **Note:** If the 'Use Address for Health' is selected, and 'Personal' is selected, the ZIP Code for the address must match the ZIP Code provided for the Health | | | | | |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | Eligibility ZIP Code | | | | | |
| 29 | County | **Description: The county the** Employee designates for health eligibility<br><br>**Explanation:**<br>See description<br><br>**Required for Health Event Types:**<br>▪ 'New Enrollment'<br>▪ 'Change Health Plan'<br>▪ 'Cancel Coverage', when Health Event Reason is 'Enrolled into Flex Elect'<br>▪ 'COBRA New Enrollment' when Eligibility Basis is 'COBRA Qual Dependent' or 'COBRA Qualifying Dependent New Contracting'<br><br>**Note:**<br>No notable information | C | Subscriber Health Enrollment | String | See Appendix A, Section 5 | 3 |
| 30 | Address 1 | **Description:**<br>The first address line of the address to be entered | C | Subscriber Health Enrollment | String | Free form text of up to 30 characters<br><br>This data element will not permit the | 30 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | **Explanation:** Typically used for the Employee's street address or "in care of" information. **Required when Health Event Types:** ▪ New Enrollment ▪ 'Cancel Coverage,' when Health Event Reason is 'Enrolled into Flex Elect' ▪ 'COBRA New Enrollment' when 'Eligibility Basis is COBRA Qual Dependent' or 'COBRA Qualifying Dependent New Contracting' **Note:** If the address is an apartment or suite number, and cannot fit in Address 1, then use Address 2 | | | | following characters: <table><tr><td>Asterisk</td><td>*</td><td>Grave</td><td>`</td></tr><tr><td>At sign</td><td>@</td><td>Greater than sign</td><td>></td></tr><tr><td>Backslash</td><td>\</td><td>Less than sign</td><td><</td></tr><tr><td>Braces</td><td>{ }</td><td>Percent sign</td><td>%</td></tr><tr><td>Brackets</td><td>[ ]</td><td>Plus sign</td><td>+</td></tr><tr><td>Caret</td><td>^</td><td>Question mark</td><td>?</td></tr><tr><td>Dollar sign</td><td>$</td><td>Quotation mark</td><td>!</td></tr><tr><td>Equal sign</td><td>=</td><td>Under score</td><td>_</td></tr><tr><td>Exclamation point</td><td>!</td><td>Vertical bar</td><td>|</td></tr></table> | |
| 31 | Address 2 | **Description:** The second address line **Explanation:** Typically used for the employee's street address | O | Subscriber Health Enrollment | String | Free form text of up to 30 characters  This data element will not permit the following characters: | 30 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | | | | MAX LENGTH |
|---|---|---|---|---|---|---|---|---|---|---|
| | | if address line 1 was used for "in care of" information; otherwise would be **used for** address information that does not fit on address line 1, such as;  suite number, building name, room number, apartment number, etc.<br><br>Data accepted if 'Address 1' is supplied<br><br>**Required:**<br>No required data<br><br>**Note:**<br>If the c/o or apartment cannot fit in Address 2, then the overflow is put into Address 3 | | | | Asterisk | * | Grave | ` | |
| | | | | | | At sign | @ | Greater than sign | > | |
| | | | | | | Backslash | \ | Less than sign | < | |
| | | | | | | Braces | { } | Percent sign | % | |
| | | | | | | Brackets | [ ] | Plus sign | + | |
| | | | | | | Caret | ^ | Question mark | ? | |
| | | | | | | Dollar sign | $ | Quotation mark | ! | |
| | | | | | | Equal sign | = | Under score | _ | |
| | | | | | | Exclamation point | ! | Vertical bar | \| | |
| 32 | Address 3 | **Description:**<br>The third address line<br><br>**Explanation:**<br>Typically used for any address data that does not fit on address lines 1 and 2<br><br>Data accepted if 'Address 1' is supplied | O | Subscriber Health Enrollment | String | Free form text of up to 30 characters<br><br>This data element will not permit the following characters: | | | | 30 |
| | | | | | | Asterisk | * | Grave | ` | |
| | | | | | | At sign | @ | Greater than sign | > | |
| | | | | | | Backslash | \ | Less than sign | < | |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | | | | MAX LENGTH |
|---|---|---|---|---|---|---|---|---|---|---|
| | | **Required:**<br>No required data<br><br>**Note:**<br>No notable information | | | | Braces | { } | Percent sign | % | |
| | | | | | | Brackets | [ ] | Plus sign | + | |
| | | | | | | Caret | ^ | Question mark | ? | |
| | | | | | | Dollar sign | $ | Quotation mark | ! | |
| | | | | | | Equal sign | = | Under score | – | |
| | | | | | | Exclamation point | ! | Vertical bar | | | |
| 33 | City | **Description:**<br>The city applicable to the address entered.<br><br>**Explanation:**<br>Data accepted if 'Address 1' is supplied<br><br>**Required:**<br>When Transaction Type is 'Address Change'<br><br>**Note:**<br>Data element accepts alpha and numeric characters. | C | Subscriber Health Enrollment | String | Free form text of up to 30 characters Free form text of up to 30 characters<br><br>This data element will not permit the following characters: | | | | 30 |
| | | | | | | Asterisk | * | Grave | ` | |
| | | | | | | At sign | @ | Greater than sign | > | |
| | | | | | | Backslash | \ | Less than sign | < | |
| | | | | | | Braces | { } | Percent sign | % | |
| | | | | | | Brackets | [ ] | Plus sign | + | |
| | | | | | | Caret | ^ | Question mark | ? | |
| | | | | | | Dollar sign | $ | Quotation mark | ! | |
| | | | | | | Equal sign | = | Under score | – | |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | | | | | MAX LENGTH |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Exclamation point | ! | Vertical bar | | \| | |
| 34 | State | **Description:** The code value for the state applicable to the address entered, if country selected is United States of America (USA) or Mexico<br><br>**Explanation:** See description<br><br>**Required** if 'Country' is USA or Mexico and 'Address 1' is supplied<br><br>**Note:** No notable information | C | Subscriber Health Enrollment | String | See Appendix A, Section 3 Free form text of up to 30 characters<br><br>This data element will not permit the following characters: | | | | | 3 |
| | | | | | | Asterisk | * | Grave | | ` | |
| | | | | | | At sign | @ | Greater than sign | | > | |
| | | | | | | Backslash | \ | Less than sign | | < | |
| | | | | | | Braces | { } | Percent sign | | % | |
| | | | | | | Brackets | [ ] | Plus sign | | + | |
| | | | | | | Caret | ^ | Question mark | | ? | |
| | | | | | | Dollar sign | $ | Quotation mark | | ! | |
| | | | | | | Equal sign | = | Under score | | _ | |
| | | | | | | Exclamation point | ! | Vertical bar | | \| | |
| 35 | ZIP Code 5 | Description: The first five **digits of the zip code** for the address designated in Address Type.<br><br>**Explanation:** | C | Subscriber Health Enrollment | Integer | ##### | | | | | 5 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | If 'Country' is USA, the following are required:<br>• Use numeric format<br>• The first five numbers of the ZIP Code<br><br>**Required:**<br>If 'Country' is USA and Address 1 is supplied<br><br>**Note:**<br>No notable information | | | | | |
| 36 | ZIP Code 4 | **Description:**<br>The next four **digits of the zip code** or the address designated in Address Type<br><br>**Explanation:**<br>Data accepted if 'ZIP Code – 5' digits is supplied<br><br>**Required:**<br>No required data<br><br>**Note:**<br>No notable information | O | Subscriber Health Enrollment | Integer | #### | 4 |
| 37 | Country | **Description:**<br>The code value for the country | C | Subscriber Health Enrollment | String | See Appendix A, Section 4 | 3 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | **Explanation:**<br>See description.<br><br>**Required:**<br>Address 1 is supplied<br><br>**Note:**<br>No notable information | | | | | |
| 38 | Province/Territory | **Description:**<br>The province or territory<br><br>**Explanation:**<br>See description<br><br>**Required:**<br>If the 'Country' provided is Canada and 'Address 1' is supplied<br><br>**Note:**<br>If Country is not USA, Mexico, or Canada, then Province is optional and can be submitted through free form text. | C | Subscriber Health Enrollment | String | <table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>Alberta</td><td>AB</td></tr><tr><td>British Columbia</td><td>BC</td></tr><tr><td>Manitoba</td><td>MB</td></tr><tr><td>New Brunswick</td><td>NB</td></tr><tr><td>Newfoundland</td><td>NF</td></tr><tr><td>Northwest Territories</td><td>NT</td></tr><tr><td>Nova Scotia</td><td>NS</td></tr><tr><td>Ontario</td><td>ON</td></tr><tr><td>Prince Edward Island</td><td>PE</td></tr><tr><td>Quebec</td><td>PQ</td></tr><tr><td>Saskatchewan</td><td>SK</td></tr><tr><td>Yukon</td><td>YT</td></tr></table><br>Free form text of up to 50 characters if Country not equal to Canada, USA, or Mexico.<br><br>This data element will not permit the following characters: | 50 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | | MAX LENGTH |
|---|---|---|---|---|---|---|---|---|
| | | | | | | Asterisk | * | |
| | | | | | | | Grave | ` |
| | | | | | | At sign | @ | |
| | | | | | | | Greater than sign | > |
| | | | | | | Backslash | \ | |
| | | | | | | | Less than sign | < |
| | | | | | | Braces | { } | |
| | | | | | | | Percent sign | % |
| | | | | | | Brackets | [ ] | |
| | | | | | | | Plus sign | + |
| | | | | | | Caret | ^ | |
| | | | | | | | Question mark | ? |
| | | | | | | Dollar sign | $ | |
| | | | | | | | Quotation mark | ! |
| | | | | | | Equal sign | = | |
| | | | | | | | Under score | _ |
| | | | | | | Exclamation point | ! | |
| | | | | | | | Vertical bar | \| |
| 39 | Postal Code | **Description:**<br><br>The International Postal Code<br><br>**Explanation:**<br><br>The International Postal Code is alphanumeric<br><br>**Required:**<br><br>When Country indicated is Canada or Mexico | C | Subscriber Health Enrollment | String | Free form text of up to 12 characters | | 3 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | **Note:** No notable information | | | | | |
| 40 | Phone Type | **Description:** The phone type used (e.g. cellular, fax, office)<br><br>**Explanation:** See description<br><br>**Required:** No required data<br><br>**Note:** Data accepted for Health Event Type 'COBRA New Enrollment' if Eligibility Basis is either 'COBRA Qual Dependent' or 'COBRA Qual Dependent New Contracting'; should not be provided for other Eligibility Basis values<br><br>Data accepted for Health Event Type 'New Enrollment' and 'Cancel Coverage' | O | Subscriber Health Enrollment | String | <table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>Office</td><td>WRK</td></tr><tr><td>FAX</td><td>FAX</td></tr><tr><td>TDD</td><td>TDD</td></tr><tr><td>Cellular</td><td>CEL</td></tr><tr><td>Home</td><td>HOM</td></tr></table> | 3 |
| 41 | US Phone | **Description:** The Person's contact phone number in the USA | C | Subscriber Health Enrollment | String | ########## | 10 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | **Explanation:** See description **Required:** No required data **Note:** When this field is selected, ten (10) numbers are required. The phone number may not contain spaces, hyphens (-), or parentheses () Data accepted for Health Event Type 'COBRA New Enrollment' if Eligibility Basis is either 'COBRA Qual Dependent' or 'COBRA Qual Dependent New Contracting'; should not be provided for other Eligibility Basis values Data accepted for Health Event Type 'New Enrollment' and 'Cancel Coverage' The phone number may not contain any spaces, hyphens, or parentheses. | | | | | |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | Should only have numeric values<br><br>**Note:**<br>No notable information | | | | | |
| 42 | International Phone | **Description:**<br>The Person's International contact phone number<br><br>**Explanation:**<br>See description<br><br>**Required:**<br>No required data<br><br>**Note:**<br>Data accepted for Health Event Type 'COBRA New Enrollment' if Eligibility Basis is either 'COBRA Qual Dependent' or 'COBRA Qual Dependent New Contracting'; should not be provided for other Eligibility Basis values<br><br>Data accepted for Health Event Type 'New Enrollment' and 'Cancel Coverage' | O | Subscriber Health Enrollment | String | x [minimum 3 digits, and up to 24 digits], plus signs, dashes, spaces and parentheses are allowed. + - () | 24 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| 43 | Extension | **Description:** The extension of the Person's phone number provided<br><br>**Explanation:** See description<br><br>**Required:** No required data<br><br>**Note:** Will only accept numeric values.<br><br>Data accepted for the Health Event Types 'New Enrollment', 'Cancel Coverage', and 'COBRA New Enrollment' | O | Subscriber Health Enrollment | String | ##### | 5 |
| 44 | Email | **Description:** The Person's email address<br><br>**Explanation:** See description<br><br>**Required:** No required data<br><br>**Note:** | O | Subscriber Health Enrollment | String | xxxxx@xxxxx.xxx<br>xxxxx@xxxxx.xx.xxx  [xxxxx.ca.gov]<br>xxxxx@xxxxx.xx.xx [xxxxx.ci.us] | 50 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | Data accepted for the Health Event Types 'New Enrollment', 'Cancel Coverage', and 'COBRA New Enrollment' | | | | | |
| 45 | Qualifying Person ID Type | **Description:** The type of unique identifier for the member that qualifies the Subscriber for health enrollment<br><br>**Explanation:** When first reporting for an employee, this ID can be SSN. On all subsequent transactions for the employee, the CalPERS ID must be provided<br><br>Data accepted if reported for Health Event Type 'Cancel Coverage'<br><br>**Required** for Health Event Type:<br>• 'New Enrollment ' when Health Event Reason is 'STRS Survivor No Allowance' | C | Subscriber Health Enrollment | String | <table><tr><td>**LONG NAME**</td><td>**CODE VALUE**</td></tr><tr><td>Social Security Number</td><td>SSN</td></tr><tr><td>CalPERS Identification</td><td>PID</td></tr></table> | 3 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | • 'COBRA New Enrollment' when Eligibility Basis is 'COBRA Qual Dependent' or 'COBRA Qualifying Dependent New Contracting'<br>• 'Continued Enrollment' when Health Event Reason is 'Re-enroll SES/PA FFPO Survivor'<br><br>**Note:**<br>Fields 44-59 are grouped together, because all apply to the 'Qualifying Person' | | | | | |
| 46 | Qualifying Person ID | **Description:**<br>The unique identifier of the member who qualifies the Subscriber for health enrollment<br><br>**Explanation:**<br>Data accepted if reported for Health Event Type 'Cancel Coverage'<br><br>If SSN is selected as ID type, the number should be submitted using the | C | Subscriber Health Enrollment | Integer | xxxxxxxxx (SSN)<br>xxxxxxxxxx (CalPERS ID) | 10 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | following format:<br>• The Social Security Number must be nine digits<br>• Social Security Numbers cannot start with 8, 9, or 666<br>• Each section of the Social Security Number cannot be all zeroes (i.e., 000 XXXXXX, XXX00XXXX, and XXXXX0000 are each prohibited)<br><br>The CalPERS ID, which is 10-digits, will be created and stored by the new system during enrollment, and will be used to identify participants when data is shared with CalPERS. It will be used in place of a Social Security Number in subsequent enrollment files. Prior to system "go-live", CalPERS will send employers a file with the CalPERS IDs for each of their existing employees and dependents | | | | | |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
|  |  | **Required** for Health Event Type:<br>• 'New Enrollment' when Health Event Reason is 'STRS Survivor No Allowance'<br>• 'COBRA New Enrollment' when Eligibility Basis is 'COBRA Qual Dependent' or 'COBRA Qualifying Dependent New Contracting'<br>• 'Continued Enrollment' when Health Event Reason is 'Re-enroll SES/PA FFPO Survivor'<br><br>**Note:**<br>No notable information |  |  |  |  |  |
| 47 | Permanent Separation Date | **Description:**<br>Last day of a qualifying individual's employment<br><br>**Explanation:**<br>See description<br><br>**Required** for Health Event Type 'Cancel Coverage':<br>• If the individual is a | C | Subscriber Health Enrollment | Date | yyyy-mm-dd | 10 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | non-PERS Health Subscriber; or<br>• If the Health Event Reason is either 'Cancel Perm Separation' or 'Layoff Cancel'<br><br>**Required** for Health Event Type 'COBRA New Enrollment':<br>• If Eligibility Basis is either 'COBRA Qual Subscriber' or 'COBRA Qualifying Subscriber New Contracting,' and if individual is Non-PERS<br><br>**Note:**<br>No notable information | | | | | |
| 48 | Retirement Date | **Description:**<br>The retirement date of the qualifying individual<br><br>**Explanation:**<br>• See description<br><br>**Required** if the individual is a non-PERS Health Subscriber and Health Event Types are: | C | Subscriber Health Enrollment | Date | yyyy-mm-dd | 10 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | • New Enrollment<br>• Continued Enrollment<br><br>**Note:**<br>No notable information | | | | | |
| 49 | First Name | **Description:**<br>The first name of the member who qualifies the Subscriber for health Enrollment<br><br>**Explanation:**<br>See description<br><br>**Required:**<br>This data is required<br><br>**Note:**<br>The following characters are permitted:<br>• Only Alpha characters, blank spaces, hyphens (-), and apostrophes (') will be accepted | R | Subscriber Health Enrollment | String | xxxxxxxxxxxxxxxxxxxx | 30 |
| 50 | Middle Name | **Description:**<br>The middle name of the member who qualifies the Subscriber for health Enrollment | O | Subscriber Health Enrollment | String | xxxxxxxxxxxxxxxxxxxx | 10 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | **Explanation:** See description<br><br>**Required:** No required data<br><br>**Note:** Only alpha and will allow blank spaces, hyphens (-), and apostrophes (') | | | | | |
| 51 | Last Name | **Description:** The last name of the member who qualifies the Subscriber for health Enrollment<br><br>**Explanation:** See description<br><br>**Required:** This data is required<br><br>**Note:** The following characters are permitted:<br>• Only alpha characters, blank spaces, hyphens (-), and apostrophes (') will be accepted<br>• Minimum of one alpha character | R | Subscriber Health Enrollment | String | xxxxxxxxxxxxxxxxxxxx | 20 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | | MAX LENGTH |
|---|---|---|---|---|---|---|---|---|
| | | • Cannot start with a blank space | | | | | | |
| 52 | Gender | **Description:**<br>The gender of the member who qualifies the Subscriber for health enrollment.<br><br>**Explanation:**<br>Data accepted if reported for Health Event Type 'Cancel Coverage'<br><br>**Required** for Health Event Type:<br>• 'New Enrollment' when Health Event Reason is 'STRS Survivor No Allowance'<br>• 'COBRA New Enrollment' when Eligibility Basis is 'COBRA Qual Dependent' or 'COBRA Qualifying Dependent New Contracting'<br>• 'Continued Enrollment' when Health Event Reason is 'Re-enroll SES/PA FFPO | C | Subscriber Health Enrollment | String | **LONG NAME** | **CODE VALUE** | 3 |
| | | | | | | Male | M | |
| | | | | | | Female | F | |
| | | | | | | Unknown | U | |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | Survivor' <br><br>**Note:** <br>No notable information | | | | | |
| 53 | Birth Date | **Description:** <br>The date of birth of the member who qualifies the Subscriber for health enrollment <br><br>**Explanation:** <br>Data accepted if reported for Health Event Type 'Cancel Coverage' <br><br>**Required** for Health Event Type: <br>• 'New Enrollment when Health Event Reason is 'STRS Survivor No Allowance' <br>• 'COBRA New Enrollment' when Eligibility Basis is 'COBRA Qual Dependent' or 'COBRA Qualifying Dependent New Contracting' <br>• 'Continued Enrollment' when Health Event Reason is 'Re-enroll | C | Subscriber Health Enrollment | Date | yyyy-mm-dd | 10 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | SES/PA FFPO Survivor' <br><br> **Note:** <br> No notable information | | | | | |
| 54 | Eligibility Basis | **Description:** <br> The basis for COBRA eligibility <br><br> **Explanation:** <br> See description <br><br> **Required** for Health Event Type 'COBRA New Enrollment' <br><br> **Note:** <br> No notable information | C | Subscriber Health Enrollment | String | <table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>COBRA Qualifying Subscriber</td><td>CSB</td></tr><tr><td>COBRA Qualifying Dependent</td><td>CDT</td></tr><tr><td>COBRA Qualifying Subscriber New Contracting</td><td>CSC</td></tr><tr><td>COBRA Qualifying Dependent New Contracting</td><td>CDC</td></tr></table> | 3 |
| 55 | Original COBRA Start Date | **Description:** <br> The first day of COBRA health enrollment coverage <br><br> **Explanation:** <br> See description <br><br> **Required** for Health Event Type 'COBRA New Enrollment' <br><br> **Note:** | C | Subscriber Health Enrollment | Date | yyyy-mm-dd | 10 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | No notable information | | | | | |
| 56 | Affiliated Association | **Description:** The affiliated association of the qualifying Individual<br><br>**Explanation:** See description<br><br>**Required** if the 'Medical Plan' selected is an affiliated association<br><br>**Note:** No notable information | C | Subscriber Health Enrollment | String | <table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>California Associations of Highway Patrol</td><td>001</td></tr><tr><td>California Correctional Peace Officers Association</td><td>002</td></tr><tr><td>Peace Officers Research Association of California</td><td>003</td></tr></table> | 3 |
| 57 | Medical Plan Selection | **Description:** Used to select a medical plan<br><br>**Explanation:** The list of Medical Plans will be updated by CalPERS and distributed, on an as-needed- basis annually<br><br>If updating or changing dependent address, this field need not be completed<br><br>**Required** when 'Apply to | C | Subscriber Health Enrollment | String | The list of Medical Plans and their associated three digit code values will be distributed as the "go-live" date approaches | 3 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | Medical' is True for the following Health Event Types:<br>• New Enrollment<br>• Change Health Plan<br>• Continued Enrollment<br><br>**Required** under the Health Event Type 'COBRA New Enrollment' and 'Continued Enrollment' under the following conditions:<br>• 'Apply to Medical' is selected as 'True' and<br>• Eligibility Basis is 'COBRA Qual Dependent' or 'COBRA Qualifying Dependent New Contracting'<br><br>**Required** for Health Event Type 'Open Enrollment' when 'Apply to Medical' is True and the Health Event Reason: is:<br><br>• New Enrollment, or<br><br>• Change Health Plan<br><br>**Note:**<br>No notable information | | | | | |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| 58 | Medical Group | **Description:** The medical group of the qualifying Individual<br><br>**Explanation:** The system will generate a unique number for the medical group for the Public Agency or School District's PEMHCA (Public Employer Medical and Hospital Care Act) Health Contract<br><br>**Required** for Health Event Types:<br>• New Enrollment<br>• COBRA New Enrollment<br>• Continued Enrollment<br>• 'Update Enrollment' if Health Event Reason is 'Change Medical Group'<br><br>**Note:** For existing Public Agencies and School Districts, group numbers will be distributed as the "go-live" date approaches | C | Subscriber Health Enrollment | String | | 3 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| 59 | Dental Plan Selection *(placeholder data tied to future legislation)* | **Description:** If dental becomes an option in the future, this would be used to select a dental plan<br><br>**Explanation:** See description<br><br>**Required:** No required data<br><br>**Note:** No notable information | C | Subscriber Health Enrollment | String | | 3 |
| 60 | Vision Plan Selection *(placeholder data tied to future legislation)* | **Description:** If vision becomes an option in the future, this would be used to select a vision plan<br><br>**Explanation:** See description<br><br>**Required:** No required data<br><br>**Note:** No notable information | C | Subscriber Health Enrollment | String | | 3 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| 61 | Dependent Identifier Type | **Description:** The type of person identifier available for the Dependent<br><br>**Explanation:** Type of unique employee identifier.  On first report of an employee, this can be SSN.  On all subsequent transactions for the employee, this will be the Dependent Identifier Type CalPERS ID<br><br>**Required** for Health Event Types:<br>• Delete Dependent<br>• Change Dependent Address<br><br>**Required** when Dependent Relationship is 'Spouse' or 'Domestic Partner' for the following Health Event Types:<br>• New Enrollment<br>• Add Dependent<br><br>**Required** when Dependent Relationship is 'Spouse' or 'Domestic Partner' and the | C | Dependent Information | String | <table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>Social Security Number</td><td>SSN</td></tr><tr><td>CalPERS Identification</td><td>PID</td></tr></table> | 3 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | Health Event Type is 'COBRA New Enrollment', and Eligibility Basis is either 'COBRA Qual Dependent' or 'COBRA Qualifying Dependent New Contracting'<br><br>**Required** when Dependent Relationship is 'Spouse' or 'Domestic Partner' for the following Health Event Types during Open Enrollment: 'New Enrollment' and 'Add Dependent'<br><br>**Required** if Health Event Reason is 'Delete Dependent' in Open Enrollment<br><br>**Note:**<br>Fields 60 – 90 are grouped together, as they all apply to a Dependent | | | | | |
| 62 | Dependent Identifier | **Description:**<br>Type of unique identifier<br><br>**Explanation:**<br>If SSN is selected as the ID type, the number should be | C | Dependent Information | Integer | xxxxxxxxx (SSN)<br>xxxxxxxxxx (CalPERS ID) | 10 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | submitted using the following format:<br>• The Social Security Number must be nine digits<br>• Social Security Numbers cannot start with 8, 9, or 666<br>• Each section of the Social Security Number cannot be all zeroes (i.e., 000XXXXXX, XXX00XXXX, and XXXXX0000 are each prohibited)<br><br>**Required** for Health Event Types:<br>• Delete Dependent<br>• Change Dependent Address<br><br>**Required** when Dependent Relationship is 'Spouse' or 'Domestic Partner' for the following Health Event Types:<br>• New Enrollment<br>• Add Dependent<br><br>**Required** when Dependent Relationship is 'Spouse' or | | | | | |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | 'Domestic Partner' and the Health Event Type is 'COBRA New Enrollment', and Eligibility Basis is either 'COBRA Qual Dependent' or 'COBRA Qualifying Dependent New Contracting'<br><br>**Required** when Dependent Relationship is 'Spouse' or 'Domestic Partner' for the following Health Event Types during Open Enrollment: 'New Enrollment' and 'Add Dependent'<br><br>**Required** if Health Event Reason is 'Delete Dependent' in Open Enrollment<br><br>The CalPERS ID, which is 10-digits, will be created and stored by the new system during enrollment, and will be used to identify participants when data is shared with CalPERS. It will be used in place of a Social Security Number in | | | | | |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | subsequent enrollment files. Prior to system "go-live", CalPERS will send employers a file with the CalPERS IDs for each of their existing employees and dependents<br><br>**Note:**<br>No notable information | | | | | |
| 63 | Dependent Gender | **Description:**<br>The Dependent's gender<br><br>**Explanation:**<br>See description.<br><br>**Required** if Dependent is added during Health Event Type 'Add Dependent'<br><br>**Required** for Health Event Types 'New Enrollment' or 'COBRA New Enrollment' if Dependent Identifier is supplied<br><br>**Note:**<br>No notable information | C | Dependent Information | String | <table><tr><td>**LONG NAME**</td><td>**CODE VALUE**</td></tr><tr><td>Male</td><td>M</td></tr><tr><td>Female</td><td>F</td></tr><tr><td>Unknown</td><td>U</td></tr></table> | 3 |
| 64 | Dependent DOB | **Description:**<br>The Dependent's date of birth | C | Dependent Information | Date | yyyy-mm-dd | 10 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | **Explanation:** See description<br><br>**Required:** This data is required<br><br>**Note:** No notable information | | | | | |
| 65 | Dependent Prefix | **Description:** The Dependent's title<br><br>**Explanation:** See description<br><br>**Required:** No required data<br><br>**Note:** No notable information | O | Dependent Information | String | <table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>Assembly Member</td><td>ASM</td></tr><tr><td>Chief</td><td>CHI</td></tr><tr><td>Councilman</td><td>COU</td></tr><tr><td>Councilwoman</td><td>CCW</td></tr><tr><td>Dean</td><td>DEA</td></tr><tr><td>Doctor</td><td>DR</td></tr><tr><td>Judge</td><td>JUD</td></tr><tr><td>Mayor</td><td>MAY</td></tr><tr><td>Miss</td><td>MIS</td></tr><tr><td>Mister</td><td>MR</td></tr><tr><td>Mrs</td><td>MRS</td></tr><tr><td>Ms</td><td>MS</td></tr><tr><td>President</td><td>PRE</td></tr><tr><td>Professor</td><td>PRO</td></tr><tr><td>Senator</td><td>SEN</td></tr><tr><td>Superintendent</td><td>SUP</td></tr><tr><td>Supervisor</td><td>SVR</td></tr><tr><td>The Honorable</td><td>HON</td></tr></table> | 3 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | | MAX LENGTH |
|---|---|---|---|---|---|---|---|---|
| | | | | | | Justice | JUS | |
| | | | | | | Chief Justice | CHJ | |
| 66 | Dependent First Name | **Description:** The Dependent's first name **Explanation:** See description **Required:** This data is required **Note:** The following characters are permitted: • Only Alpha characters, blank spaces, hyphens (-), and apostrophes (') will be accepted | C | Dependent Information | String | xxxxxxxxxxxxxxxxxxxxxxxxxxxxxx | | 30 |
| 67 | Dependent Middle Name | **Description:** The Dependent's middle name **Explanation:** Data accepted for Health Event Types 'New Enrollment', 'Add Dependent', or 'COBRA New Enrollment' if Dependent Identifier is | O | Dependent Information | String | xxxxxxxxxxxxxxxxxxxx | | 20 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | supplied<br><br>**Required:**<br>No required data<br><br>**Note:**<br>The following characters are permitted:<br>• Only alpha characters, blank spaces, hyphens (-), apostrophes (') will be accepted | | | | | |
| 68 | Dependent Last Name | **Description:**<br>The Dependent's last name<br><br>**Explanation:**<br>See description<br><br>**Required:**<br>This data is required<br><br>**Note:**<br>Only alpha characters, blank spaces, hyphens (-), and apostrophes (') will be accepted.<br>• Minimum of one alpha character.<br>• Cannot begin with a blank space | C | Dependent Information | String | xxxxxxxxxxxxxxxxxxxx | 20 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| 69 | Dependent Suffix | **Description:** The Dependent's suffix, if applicable.<br><br>**Explanation:** See description<br><br>**Required:** No required data<br><br>**Note:** No notable information | C | Dependent Information | String | (see table below) | 3 |
| 70 | Date of Marriage/Partnership | **Description:** The date the Dependent became a spouse/domestic partner of the Primary Subscriber<br><br>**Explanation:** See description<br><br>**Required** for Health Event Types 'New Enrollment', 'Add Dependent', or 'COBRA New Enrollment' if | C | Dependent Information | Date | yyyy-mm-dd | 10 |

Field values table for element 69:

| LONG NAME | CODE VALUE |
|---|---|
| Senior | SR |
| Junior | JR |
| First | I |
| Second | II |
| Third | III |
| Fourth | IV |
| Fifth | V |
| Ph.D | PHD |
| MD | MD |
| CPA | CPA |
| Ed.D | EDD |
| Esq. | ESQ |
| DDS | DDS |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | Dependent Identifier is supplied and Dependent Relationship is 'Spouse' or 'Domestic Partner'<br><br>**Note:**<br>No notable information | | | | | |
| 71 | Address Same as Primary Subscriber | **Description:**<br>Indicates if the Dependent's address is the same as the Primary Subscriber<br><br>**Explanation:**<br>If True, and Health Event Type is 'New Enrollment', then other dependent address information is not needed (only applicable when dependent is added during New Enrollment)<br><br>If True, and Health Event Type is 'Add Dependent' or 'Change Dependent Address', then other dependent address information is not needed<br><br>Data accepted if Health Event Type is 'COBRA New Enrollment', and | C | Dependent Information | String | True<br>False | 5 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | Eligibility Basis is 'COBRA Qual Subscriber'<br><br>Data accepted if Health Event Type is 'COBRA New Enrollment', and Eligibility Basis is 'COBRA Qual Dependent' or 'COBRA Qualifying Dependent New Contracting;'; For other Eligibility Basis status's can only carry over dependents from previous enrollment<br><br>If True, and Health Event Type is 'Open Enrollment' and Health Event Reason is 'New Enrollment', then other dependent address information is not needed (only applicable when dependent is added during new enrollment)<br><br>If True, and Health Event Type is 'Open Enrollment' and Health Event Reason is 'Add Dependent',  then other  dependent address information is not needed | | | | | |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | **Required:**<br>No required data<br><br>**Note:**<br>No notable information | | | | | |
| 72 | Dependent Address Type | **Description:**<br>The Dependent's address type<br><br>**Explanation:**<br>See description<br><br>**Required for Health Event Type:**<br>▪ New Enrollment<br>▪ 'Cancel Coverage', if Health Event Reason is 'Enrolled into Flex Elect'<br>▪ 'COBRA New Enrollment', if Eligibility Basis is either 'COBRA Qual Dependent' or 'COBRA Qual Dependent New Contracting'<br><br>**Note:**<br>Only one address type can be submitted with each health enrollment transaction | C | Dependent Information | String | <table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>Mailing Address</td><td>MAI</td></tr><tr><td>Physical Address</td><td>PHY</td></tr><tr><td>Benefit Payment Address</td><td>BPA</td></tr><tr><td>Rollover 1 Address</td><td>RO1</td></tr><tr><td>Rollover 2 Address</td><td>RO2</td></tr><tr><td>IME Appointment Address</td><td>APP</td></tr><tr><td>USPS Provided</td><td>USP</td></tr><tr><td>Third Party Provided</td><td>TPP</td></tr></table> | 3 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| 73 | Dependent Address 1 | **Description:** The first address line of the address to be entered<br><br>**Explanation:** Typically used for the Employee's street address or "in care of" information.<br><br>**Required when Health Event Types:**<br>▪ New Enrollment<br>▪ 'Cancel Coverage,' when Health Event Reason is 'Enrolled into Flex Elect'<br>▪ 'COBRA New Enrollment' when 'Eligibility Basis is COBRA Qual Dependent' or 'COBRA Qualifying Dependent New Contracting'<br><br>**Note:** If the address is an apartment or suite number, and cannot fit in Address 1, then use Address 2 | C | Dependent Information | String | Free form text of up to 30 characters<br><br>This data element will not permit the following characters:<br><br><table><tr><td>Asterisk</td><td>*</td><td>Grave</td><td>`</td></tr><tr><td>At sign</td><td>@</td><td>Greater than sign</td><td>></td></tr><tr><td>Backslash</td><td>\</td><td>Less than sign</td><td><</td></tr><tr><td>Braces</td><td>{ }</td><td>Percent sign</td><td>%</td></tr><tr><td>Brackets</td><td>[ ]</td><td>Plus sign</td><td>+</td></tr><tr><td>Caret</td><td>^</td><td>Question mark</td><td>?</td></tr><tr><td>Dollar sign</td><td>$</td><td>Quotation mark</td><td>!</td></tr><tr><td>Equal sign</td><td>=</td><td>Under score</td><td>_</td></tr><tr><td>Exclamation point</td><td>!</td><td>Vertical bar</td><td>|</td></tr></table> | 30 |
| 74 | Dependent Address 2 | **Description:** The second address line | O | Dependent Information | String | Free form text of up to 30 characters<br><br>This data element will not permit the | 30 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | | | | MAX LENGTH |
|---|---|---|---|---|---|---|---|---|---|---|
| | | **Explanation:** Typically used for the employee's street address if address line 1 was used for "in care of" information; otherwise would be used for address information that does not fit on address line 1, such as; suite number, building name, room number, apartment number, etc.<br><br>Data accepted if 'Address 1' is supplied<br><br>**Required:** No required data<br><br>**Note:** If the c/o or apartment cannot fit in Address 2, then the overflow is put into Address 3 | | | | following characters: | | | | |

| | | | |
|---|---|---|---|
| Asterisk | * | Grave | ` |
| At sign | @ | Greater than sign | > |
| Backslash | \ | Less than sign | < |
| Braces | { } | Percent sign | % |
| Brackets | [ ] | Plus sign | + |
| Caret | ^ | Question mark | ? |
| Dollar sign | $ | Quotation mark | ! |
| Equal sign | = | Under score | _ |
| Exclamation point | ! | Vertical bar | | |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| 75 | Dependent Address 3 | **Description:** The third address line<br><br>**Explanation:** Typically used for any address data that does not fit on address lines 1 and 2<br><br>Data accepted if 'Address 1' is supplied<br><br>**Required:** No required data<br><br>**Note:** No notable information | O | Dependent Information | String | Free form text of up to 30 characters<br><br>This data element will not permit the following characters:<br><br><table><tr><td>Asterisk</td><td>*</td><td>Grave</td><td>`</td></tr><tr><td>At sign</td><td>@</td><td>Greater than sign</td><td>></td></tr><tr><td>Backslash</td><td>\</td><td>Less than sign</td><td><</td></tr><tr><td>Braces</td><td>{ }</td><td>Percent sign</td><td>%</td></tr><tr><td>Brackets</td><td>[ ]</td><td>Plus sign</td><td>+</td></tr><tr><td>Caret</td><td>^</td><td>Question mark</td><td>?</td></tr><tr><td>Dollar sign</td><td>$</td><td>Quotation mark</td><td>!</td></tr><tr><td>Equal sign</td><td>=</td><td>Under score</td><td>_</td></tr><tr><td>Exclamation point</td><td>!</td><td>Vertical bar</td><td>|</td></tr></table> | 30 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| 76 | Dependent City | **Description:**<br>The city applicable to the address entered.<br><br>**Explanation:**<br>Data accepted if 'Address 1' is supplied<br><br>**Required:**<br>When Transaction Type is 'Address Change'<br><br>**Note**:<br>Data element accepts alpha and numeric characters. | C | Dependent Information | String | Free form text of up to 30 characters<br><br>This data element will not permit the following characters:<br><br><table><tr><td>Asterisk</td><td>*</td><td>Grave</td><td>`</td></tr><tr><td>At sign</td><td>@</td><td>Greater than sign</td><td>></td></tr><tr><td>Backslash</td><td>\</td><td>Less than sign</td><td><</td></tr><tr><td>Braces</td><td>{ }</td><td>Percent sign</td><td>%</td></tr><tr><td>Brackets</td><td>[ ]</td><td>Plus sign</td><td>+</td></tr><tr><td>Caret</td><td>^</td><td>Question mark</td><td>?</td></tr><tr><td>Dollar sign</td><td>$</td><td>Quotation mark</td><td>!</td></tr><tr><td>Equal sign</td><td>=</td><td>Under score</td><td>_</td></tr><tr><td>Exclamation point</td><td>!</td><td>Vertical bar</td><td>|</td></tr></table> | 30 |
| 77 | Dependent State | **Description:**<br>The code value for state if 'Country' selected is either the USA or Mexico<br><br>**Explanation:**<br>See description. | C | Dependent Information | String | See Appendix A, Section 3 Free form text of up to 30 characters<br><br>This data element will not permit the following characters:<br><br><table><tr><td>Asterisk</td><td>*</td><td>Grave</td><td>`</td></tr><tr><td>At sign</td><td>@</td><td>Greater</td><td>></td></tr></table> | 3 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | | | | | MAX LENGTH |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | **Required** if 'Country' is USA or Mexico and 'Address 1' is supplied<br><br>**Note:**<br>NO NOTABLE INFORMATION | | | | | | than sign | | | |
| | | | | | | Backslash | \ | Less than sign | < | | |
| | | | | | | Braces | { } | Percent sign | % | | |
| | | | | | | Brackets | [ ] | Plus sign | + | | |
| | | | | | | Caret | ^ | Question mark | ? | | |
| | | | | | | Dollar sign | $ | Quotation mark | ! | | |
| | | | | | | Equal sign | = | Under score | _ | | |
| | | | | | | Exclamation point | ! | Vertical bar | \| | | |
| 78 | Dependent ZIP Code 5 | **Description:**<br>The first five **digits of the zip code** for the address designated in Address Type.<br><br>**Explanation:**<br>If 'Country' is USA, the following are required:<br>• Use numeric format<br>• The first five numbers of the ZIP Code<br><br>**Required:**<br>if 'Country' is USA and Address 1 is supplied | C | Dependent Information | String | ##### | | | | | 5 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | **Note:** No notable information | | | | | |
| 79 | Dependent ZIP Code 4 | **Description:** The next four **digits of the zip code** or the address designated in Address Type:<br><br>**Explanation:** Data accepted if 'ZIP Code – 5' digits is supplied<br><br>**Required:** No required data<br><br>**Note:** No notable information | O | Dependent Information | String | #### | 4 |
| 80 | Dependent Country | **Description:** The code value for the country<br><br>**Explanation:** See description<br><br>**Required:** Address 1 is supplied<br><br>**Note:** No notable information | C | Dependent Information | String | See Appendix A, Section 4 | 3 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| 81 | Dependent Province/Territory | **Description:**<br>The province or territory which coincides with the Address Type<br><br>**Explanation:**<br>See description<br><br>**Required:**<br>If the 'Country' provided is Canada and 'Address 1' is supplied<br><br>**Note:**<br>If Country is not USA, Mexico, or Canada, then Province is optional and can be submitted through free form text. | C | Dependent Information | String | <table><tr><th>LONG NAME</th><th>CODE VALUE</th></tr><tr><td>Alberta</td><td>AB</td></tr><tr><td>British Columbia</td><td>BC</td></tr><tr><td>Manitoba</td><td>MB</td></tr><tr><td>New Brunswick</td><td>NB</td></tr><tr><td>Newfoundland</td><td>NF</td></tr><tr><td>Northwest Territories</td><td>NT</td></tr><tr><td>Nova Scotia</td><td>NS</td></tr><tr><td>Ontario</td><td>ON</td></tr><tr><td>Prince Edward Island</td><td>PE</td></tr><tr><td>Quebec</td><td>PQ</td></tr><tr><td>Saskatchewan</td><td>SK</td></tr><tr><td>Yukon</td><td>YT</td></tr></table><br>Free form text of up to 50 characters if Country not equal to Canada, USA, or Mexico.<br><br>This data element will not permit the following characters:<br><br><table><tr><td>Asterisk</td><td>*</td><td>Grave</td><td>`</td></tr><tr><td>At sign</td><td>@</td><td>Greater than sign</td><td>></td></tr><tr><td>Backslash</td><td>\</td><td>Less than</td><td><</td></tr></table> | 50 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | | | | MAX LENGTH |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | sign | | |
| | | | | | | Braces | { } | Percent sign | % | |
| | | | | | | Brackets | [ ] | Plus sign | + | |
| | | | | | | Caret | ^ | Question mark | ? | |
| | | | | | | Dollar sign | $ | Quotation mark | ! | |
| | | | | | | Equal sign | = | Under score | _ | |
| | | | | | | Exclamation point | ! | Vertical bar | \| | |
| 82 | Dependent Postal Code | **Description:**<br><br>The International Postal Code<br><br>**Explanation:**<br><br>The International Postal Code is alphanumeric<br><br>**Required:**<br><br>If the 'Country' provided is not USA and 'Address1' is supplied<br><br>**Note:**<br><br>No notable information | C | Dependent Information | String | Free form text of up to 12 characters | | | | 12 |
| 83 | Dependent | **Description:** | C | Dependent | String | **LONG NAME** | | **CODE** | | 3 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | | MAX LENGTH |
|---|---|---|---|---|---|---|---|---|
| | Relationship | The Dependent's relationship to the Primary Subscriber<br><br>**Explanation:**<br>See description<br><br>**Required** if Health Event Type is 'Add Dependent'<br><br>**Required** for Health Event Types 'New Enrollment' and 'COBRA New Enrollment' if Dependent Identifier is supplied<br><br>**Note:**<br>No notable information | | Information | | | **VALUE** | |
| | | | | | | Spouse | SPO | |
| | | | | | | Domestic Partner | DP | |
| | | | | | | Sibling | SIB | |
| | | | | | | Brother | BRO | |
| | | | | | | Sister | SIS | |
| | | | | | | Niece | NIE | |
| | | | | | | Nephew | NEP | |
| | | | | | | Grandchild | GC | |
| | | | | | | Child | CHI | |
| | | | | | | Parent | PAR | |
| | | | | | | Step Child | SC | |
| | | | | | | Domestic Partner Child | DPC | |
| | | | | | | Step Grandchild | SG | |
| | | | | | | Great Grandchild | GG | |
| | | | | | | Cousin | COU | |
| | | | | | | Ex-spouse | EXS | |
| | | | | | | Ex-Domestic Partner | EXD | |
| | | | | | | Other Person | OP | |
| | | | | | | Removed | REM | |
| | | | | | | Natural Parent | NP | |
| 84 | Dependent Type | **Description:**<br>The type of Dependent<br><br>**Explanation:**<br>See description | C | Dependent Information | String | **LONG NAME** | **PARTICIPANT RELATIONSHIP** | **CODE VALUE** | 3 |
| | | | | | | Dependent Natural Born Child | Child | DBC |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | | | MAX LENGTH |
|---|---|---|---|---|---|---|---|---|---|
| | | **Required** for Health Event Type 'Add Dependent'<br><br>**Required** if dependent is added during Health Event Type 'New Enrollment'<br><br>**Required** if Health Event Type is 'COBRA New Enrollment' and Eligibility Basis is 'COBRA Qual Dependent' or 'COBRA Qualifying Dependent New Contracting;'; For other COBRA eligibilities can only carry over dependents from previous enrollment and is required<br><br>**Note:**<br>No notable information | | | | Dependent Adopted Child | Child | DAC | |
| | | | | | | Economically Dependent Child | Child, Niece, Nephew, Grandchild, Step Child, Domestic Partner Child, Step Grandchild, Great Grandchild | EDC | |
| | | | | | | Spouse | Spouse | SPO | |
| | | | | | | Step Child | Child | STC | |
| | | | | | | Domestic Partner | Domestic Partner | DP | |
| | | | | | | Domestic Partner Child | Child | DPC | |
| | | | | | | Sibling | Sibling | SIB | |
| 85 | Disabled Dependent Indicator | **Description:**<br>Indicates if the added dependent is a disabled, dependent child | C | Dependent Information | String | True<br>False | | | 5 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | **Explanation:**<br>Data accepted for Health Event Type 'New Enrollment' if dependent is added during New Enrollment<br><br>Data accepted for Health Event Type 'Add Dependent' if Eligibility Basis is 'COBRA Qual Subscriber'<br><br>Not used for Health Event Type 'Add Dependent', if Eligibility Basis is 'COBRA Qual Dependent', or 'COBRA Qualifying Dependent New Contracting'; Can only carry over dependents from previous enrollment<br><br>Data accepted during Health Event Type 'Open Enrollment' for Health Event Reason 'New Enrollment', if dependent is added during new enrollment<br><br>**Required:** | | | | | |

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| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | No required data<br><br>**Note:**<br>No notable information | | | | | |
| 86 | Disabled Dependent Confirmation Indicator | **Description:**<br>Indicates that the Employer understands the disabled dependent enrollment is not confirmed until review by CalPERS<br><br>**Explanation:**<br>See description<br><br>**Required** if Disabled Dependent Indicator is supplied<br><br>**Note:**<br>No notable information | C | Dependent Information | String | True<br>False | 5 |
| 87 | Economically Dependent Confirmation Indicator | **Description:**<br>Indicates if the economically dependent child was validated<br><br>**Explanation:**<br>See description<br><br>**Required** if Dependent Type is 'Economically Dependent Child' | C | Dependent Information | String | True<br>False | 5 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | **Note:**<br>No notable information | | | | | |
| 88 | Dependent Acquired Date | **Description:**<br>The date the child was declared economically dependent to the Subscriber.<br><br>**Explanation:**<br>See description.<br><br>**Required** if 'Economically Dependent Confirmation indicator' is supplied<br><br>**Note:**<br>No notable information | C | Dependent Information | Date | yyyy-mm-dd | 10 |
| 89 | Apply to Medical | **Description:**<br>Indicates if the Enrollment transaction should be applied to Medical<br><br>**Explanation:**<br>See description<br><br>**Required** for the Health Event Types 'New | C | Dependent Information | String | True<br>False | 5 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | Enrollment' and 'Add Dependent'<br><br>**Required** for the Health Event Type 'COBRA New Enrollment' if the Eligibility Basis is 'COBRA Qual Dependent' or 'COBRA Qualifying Dependent New Contracting'<br><br>**Required** for the Health Event Type 'Open Enrollment' if Health Enrollment Reason is 'New Enrollment'<br><br>**Required** for the Health Event Type 'Open Enrollment' if Health Enrollment Reason is 'Add Dependent<br><br>**Note:**<br>No notable information | | | | | |
| 90 | Apply to Dental *(placeholder data element tied to future legislation)* | **Description:**<br>If dental becomes an option in the future, this data element would indicate that the enrollment is applicable to dental benefit type | C | Dependent Information | String | True<br>False | 5 |

| # | DATA ELEMENT NAME | DESCRIPTION OF SUBMITTED DATA | R/O/C | DATA HIERARCHY | DATA TYPE | FIELD VALUES | MAX LENGTH |
|---|---|---|---|---|---|---|---|
| | | **Explanation:** See description | | | | | |
| | | **Required:** No required data | | | | | |
| | | **Note:** No notable information | | | | | |
| 91 | Apply to Vision *(placeholder data element tied to future legislation)* | **Description:** If vision becomes an option in the future, this data element would indicate that the enrollment is applicable to vision benefit type | C | Dependent Information | String | True False | 5 |
| | | **Explanation:** See description | | | | | |
| | | **Required:** No required data | | | | | |
| | | **Note:** No notable information | | | | | |

## Appendix A – Valid Field Values

### 1. Health Event Type Descriptions

| Health Event Type | Definition |
|---|---|
| Add Dependent | Add dependent for health coverage |
| Delete Dependent | Delete a dependent from health coverage |
| Cancel Coverage | Terminate health enrollment |
| Change Health Plan | Change medical, dental (future provision), or vision (future provision) plan for the health enrollment |
| Dependent Address Change | Update address information for existing dependents |
| Change Premium Payment Method | Direct Pay or Off-Pay status due to appointment events such as LOA & PI |
| New Enrollment | New health enrollment |
| Open Enrollment | Open enrollment health elections |
| Continued Enrollment | Health enrollment coverage for the extended period between Active status and Retired status. |
| Update Enrollment | Update address information for the Subscriber; Update Medical Group assignments for health benefits |
| COBRA New Enrollment | Continuation of health enrollment (under COBRA) due to cancel coverage based on events such as permanent separation, 23 year old dependent, or divorce |

### 2. Health Event Reason (Sorted by Health Event Types, Ascending)

| LONG NAME (Event Reason) | CODE VALUES | HEALTH EVENT TYPE |
|---|---|---|
| Birth/placement | 200 | Add Dependent |
| Court Order | 208 | Add Dependent |
| Custody | 202 | Add Dependent |
| Domestic Partner Add | 215 | Add Dependent |
| Domestic Partner Child Add | 216 | Add Dependent |

| LONG NAME (Event Reason) | CODE VALUES | HEALTH EVENT TYPE |
|---|---|---|
| Economically dependent | 203 | Add Dependent |
| Loss of Coverage | 204 | Add Dependent |
| Marriage | 201 | Add Dependent |
| Medically Disabled | 210 | Add Dependent |
| New Contracting - Medically Disabled | 218 | Add Dependent |
| Off pay Open Enrollment | 207 | Add Dependent |
| Return from Military Leave | 205 | Add Dependent |
| Special Enrollment Dependent | 213 | Add Dependent |
| Appeal denied | 507 | Cancel Coverage |
| Cancel: Perm Separation | 515 | Cancel Coverage |
| Layoff Cancel | 516 | Cancel Coverage |
| Military Leave | 534 | Cancel Coverage |
| Off Pay Status Cancel | 533 | Cancel Coverage |
| Reinstatement (Non-PERS) | 535 | Cancel Coverage |
| Subscriber Death | 526 | Cancel Coverage |
| Subscriber request | 505 | Cancel Coverage |
| Subscriber Request - COBRA | 536 | Cancel Coverage |
| Association membership | 403 | Change Health Plan |
| Cancel Eligibility ZIP- Employer | 481 | Change Health Plan |
| Change Eligibility ZIP- Employer | 480 | Change Health Plan |
| Move | 402 | Change Health Plan |
| Off Pay during Open Enrollment | 401 | Change Health Plan |
| Out of association plan | 404 | Change Health Plan |
| Special Enrollment - Change Health Plan | 405 | Change Health Plan |
| Chg to deduct-FMLA | 715 | Change Premium Payment Method |
| Chg to deduct-Retirement | 716 | Change Premium Payment Method |
| Chg to deduct-Return to Work | 712 | Change Premium Payment Method |
| Insufficient earnings | 709 | Change Premium Payment Method |
| LOA | 704 | Change Premium Payment Method |
| Pending NDI | 710 | Change Premium Payment Method |
| Suspension | 707 | Change Premium Payment Method |
| Worker Comp/Claim Pending | 705 | Change Premium Payment Method |
| COBRA Death of Employee | 134 | COBRA New Enrollment |

| LONG NAME (Event Reason) | CODE VALUES | HEALTH EVENT TYPE |
|---|---|---|
| COBRA Dep Cont-Sub on Medicare | 135 | COBRA New Enrollment |
| COBRA Div/Sep/Mv from Household | 133 | COBRA New Enrollment |
| COBRA Loss of Dependent Status | 136 | COBRA New Enrollment |
| COBRA Loss of Employment | 132 | COBRA New Enrollment |
| COBRA New Contract Agency Dep | 140 | COBRA New Enrollment |
| COBRA New Contract Agency Sub | 139 | COBRA New Enrollment |
| COBRA Reduction in Hours | 131 | COBRA New Enrollment |
| Pending Retirement | 119 | Continued Enrollment |
| Pending Retirement - Deferred Retirees | 147 | Continued Enrollment |
| Re-enroll SES/PA FFPO Survivor | 146 | Continued Enrollment |
| 23 year old delete | 301 | Delete Dependent |
| Change of custody | 312 | Delete Dependent |
| Death of Dependent | 300 | Delete Dependent |
| Divorce | 302 | Delete Dependent |
| Domestic Partner Child Term | 319 | Delete Dependent |
| Domestic Partner Term | 318 | Delete Dependent |
| Enroll Own Right Dependent | 304 | Delete Dependent |
| Gains other coverage | 307 | Delete Dependent |
| Ineligible dependent | 306 | Delete Dependent |
| Legal separation | 308 | Delete Dependent |
| Loss economic dependence | 310 | Delete Dependent |
| Marriage of Dependent Child | 303 | Delete Dependent |
| Military - Del Dependent | 309 | Delete Dependent |
| No longer certifiable | 305 | Delete Dependent |
| Optional Delete | 311 | Delete Dependent |
| Vacates household | 313 | Delete Dependent |
| Address Update | 900 | Dependent Address Change |
| Enroll < half time Emp | 148 | New Enrollment |
| Enroll Own right Employees | 108 | New Enrollment |
| Late or Loss of Coverage (Emp) | 101 | New Enrollment |
| Layoff: Enroll Direct Pay | 123 | New Enrollment |
| Military - New Enrollment | 103 | New Enrollment |
| NC EE Enroll  <  half time Emp | 150 | New Enrollment |

| LONG NAME (Event Reason) | CODE VALUES | HEALTH EVENT TYPE |
|---|---|---|
| New contracting employee | 115 | New Enrollment |
| New Contracting LOA | 118 | New Enrollment |
| New contracting Survivor without Benefits | 163 | New Enrollment |
| Re-employment | 167 | New Enrollment |
| Reinstatement | 102 | New Enrollment |
| Special Enrollment Employees | 129 | New Enrollment |
| STRS Survivor No Allowance | 149 | New Enrollment |
| Survivor Without Benefits | 128 | New Enrollment |
| Time Base & Tenure | 100 | New Enrollment |
| OE Cancel Coverage | 530 | Open Enrollment |
| Open Enrollment Add Dep | 206 | Open Enrollment |
| Open Enrollment Change Health Plan | 400 | Open Enrollment |
| Open Enrollment Delete Dependent | 320 | Open Enrollment |
| Open Enrollment Employees New Enrollment | 104 | Open Enrollment |
| Open Enrollment Enroll < half time Emp New Enrollment | 1XX | Open Enrollment |
| Change Medical Group | 904 | Update Enrollment |
| Update Demographics | 905 | Update Enrollment |

3.  **State Code Values (Sorted by Country, Ascending)**

| LONG NAME | CODE VALUE | COUNTRY |
|---|---|---|
| Aguascalientes | AG | MEX |
| Baja California, Norte | BJ | MEX |
| Baja California, Sur | BS | MEX |
| Campeche | CP | MEX |
| Chiapas | CHI | MEX |
| Chihuahua | CI | MEX |

| | | |
|---|---|---|
| Coahuila | CU | MEX |
| Colima | CL | MEX |
| Distrito Ferderal | DF | MEX |
| Durango | DG | MEX |
| Guanajuato | GJ | MEX |
| Guerrero | GR | MEX |
| Hidalgo | HG | MEX |
| Jalisco | JA | MEX |
| Mexico | EM | MEX |
| Michoacan | MH | MEX |
| Moreios | MR | MEX |
| Nayarit | NA | MEX |
| NuevoLeon | NL | MEX |
| Oaxaca | OA | MEX |
| Puebla | PU | MEX |
| Queretaro | QA | MEX |
| Quintana Roo | QR | MEX |
| San Luis Potosi | SL | MEX |
| Sinaloa | SI | MEX |
| Sonora | SO | MEX |
| Tabasco | TA | MEX |
| Tamaulipas | TM | MEX |
| Tlaxcala | TL | MEX |
| Veracruz | VZ | MEX |
| Yucatan | YC | MEX |
| Zacatecas | ZT | MEX |
| California | CA | USA |
| Alabama | AL | USA |

| | | |
|---|---|---|
| Alaska | AK | USA |
| American Samoa | AS | USA |
| Arizona | AZ | USA |
| Arkansas | AR | USA |
| Armed Forces Europe | AE | USA |
| Armed Forces Pacific | AP | USA |
| Armed Forces the Americas | AA | USA |
| Colorado | CO | USA |
| Connecticut | CT | USA |
| Delaware | DE | USA |
| District of Columbia | DC | USA |
| Federated States of Micronesia | FM | USA |
| Florida | FL | USA |
| Georgia | GA | USA |
| Guam | GU | USA |
| Hawaii | HI | USA |
| Idaho | ID | USA |
| Illinois | IL | USA |
| Indiana | IN | USA |
| Iowa | IA | USA |
| Kansas | KS | USA |
| Kentucky | KY | USA |
| Louisiana | LA | USA |
| Maine | ME | USA |
| Marshall Islands | MI | USA |
| Maryland | MD | USA |
| Massachusetts | MA | USA |
| Michigan | MG | USA |

| | | |
|---|---|---|
| Minnesota | MN | USA |
| Mississippi | MS | USA |
| Missouri | MO | USA |
| Montana | MT | USA |
| Nebraska | NE | USA |
| Nevada | NV | USA |
| New Hampshire | NH | USA |
| New Jersey | NJ | USA |
| New Mexico | NM | USA |
| New York | NY | USA |
| North Carolina | NC | USA |
| North Dakota | ND | USA |
| North Mariana Islands | MP | USA |
| Ohio | OH | USA |
| Oklahoma | OK | USA |
| Oregon | OR | USA |
| Palau | PW | USA |
| Pennsylvania | PA | USA |
| Puerto Rico | PR | USA |
| Rhode Island | RI | USA |
| South Carolina | SC | USA |
| South Dakota | SD | USA |
| Tennessee | TN | USA |
| Texas | TX | USA |
| Utah | UT | USA |
| Vermont | VT | USA |
| Virgin Islands | VI | USA |
| Virginia | VA | USA |

| | | |
|---|---|---|
| Washington | WA | USA |
| West Virginia | WV | USA |
| Wisconsin | WI | USA |
| Wyoming | WY | USA |

4. **Country Code Values**

| LONG NAME | CODE VALUES |
|---|---|
| United States | US |
| Canada | CA |
| Mexico | MX |
| Afghanistan | AF |
| Albania | AL |
| Algeria | DZ |
| American Samoa | AS |
| Andorra | AD |
| Angola | AO |
| Anguilla | AI |
| Antarctica | AQ |
| Antigua & Barbuda | AG |
| Argentina | AR |
| Armenia | AM |
| Aroe Islands | FO |
| Aruba | AW |
| Ashmore & Cartier Islands | AC |
| Australia | AU |
| Austria | AT |

| | |
|---|---|
| Azerbaijan | AZ |
| Azores | P2 |
| Bahamas | BS |
| Bahrain | BH |
| Baker Island | FQ |
| Bangladesh | BD |
| Barbados | BB |
| Bassas Da India | DI |
| Belarus | BY |
| Belgium | BE |
| Belize | BZ |
| Benin | BJ |
| Bermuda | BM |
| Bhutan | BT |
| Bolivia | BO |
| Bosnia-Herzegovina | BA |
| Botswana | BW |
| Bouvet Island | BV |
| Brazil | BR |
| British Indian Ocean Terr | IO |
| Brunei | BN |
| Bulgaria | BG |
| Burkina Faso | BF |
| Burma | BU |
| Burundi | BI |
| Cambodia | KH |
| Cameroon | CM |
| Canary Islands | S2 |
| Cape Verde | CV |
| Cayman Islands | KY |
| Central African Republic | CF |

| | |
|---|---|
| Chad | TD |
| Chile | CL |
| China | CN |
| Christmas Island (Pacific) | CX |
| Christmas Isln-Indian Ocn | KT |
| Clipperton Island | IP |
| Cocos (Keeling) Islands | CC |
| Colombia | CO |
| Comoros | KM |
| Congo | CG |
| Cook Islands | CK |
| Coral Sea Islands Terrtry | CT |
| Costa Rica | CR |
| Croatia | HR |
| Cuba | CU |
| Cyprus | CY |
| Czech Republic | CZ |
| Denmark | DK |
| Djibouti | DJ |
| Dominica | DM |
| Dominican Republic | DO |
| Ecuador | EC |
| Egypt | EG |
| El Salvador | SV |
| England | U5 |
| Equatorial Guinea | GQ |
| Eritrea | ER |
| Estonia | EE |
| Ethiopia | ET |
| Europa Island | EU |
| Falkland Islands | FA |

| | |
|---|---|
| Fiji | FJ |
| Finland | FI |
| France | FR |
| French Guiana | GF |
| French Polynesia | FP |
| French Southern Antarctic | FS |
| Gabon | GA |
| Gambia | GM |
| Gaza Strip | GZ |
| Georgia | GE |
| Germany | DE |
| Ghana | GH |
| Gibraltar | GI |
| Glorioso Islands | GO |
| Greece | GR |
| Greenland | GL |
| Grenada | GD |
| Guadeloupe | GP |
| Guam | GU |
| Guatemala | GT |
| Guernsey | GG |
| Guinea | GN |
| Guinea Bissau | GW |
| Guyana | GY |
| Haiti | HT |
| Heard Mcdonald Islands | HM |
| Honduras | HN |
| Hong Kong | HK |
| Howland Island | HQ |
| Hungary | HU |
| Iceland | IS |

| | |
|---|---|
| India | IN |
| Indonesia | ID |
| Iran | IR |
| Iraq | IQ |
| Iraq Saudi Arabia Neutral | IY |
| Ireland | IE |
| Isle Of Man | IM |
| Israel | IL |
| Italy | IT |
| Ivory Coast | IV |
| Jamaica | JM |
| Jan Mayen | JN |
| Japan | JP |
| Jersey | JE |
| Johnston Atoll | JQ |
| Jordan | JO |
| Juan De Nova Island | JU |
| Kazakhstan | KZ |
| Kenya | KE |
| Kingman Reef | KQ |
| Kiribati | KI |
| Kosovo | KO |
| Kuwait | KW |
| Kyrgyzstan | KG |
| Laos | LA |
| Latvia | LV |
| Lebanon | LB |
| Lesotho | LS |
| Liberia | LR |
| Libya | LY |
| Liechtenstein | LI |

| | |
|---|---|
| Lithuania | LT |
| Luxembourg | LU |
| Macau | MO |
| Macedonia | MK |
| Madagascar | MG |
| Malawi | MW |
| Malaysia | MY |
| Maldives | MV |
| Mali | ML |
| Malta | MT |
| Marshall Islands | MH |
| Martinique | MQ |
| Mauritania | MR |
| Mauritius | MU |
| Mayotte | YT |
| Micronesia | FM |
| Midway Islands | MI |
| Moldova | MD |
| Monaco | MC |
| Mongolia | MN |
| Montenegro | ME |
| Montserrat | MS |
| Morocco | MA |
| Mozambique | MZ |
| Namibia | NA |
| Nauru | NR |
| Navassa Island | BQ |
| Nepal | NP |
| Netherlands | NL |
| Netherlands Antilles | AN |
| New Caledonia | NC |

| | |
|---|---|
| New Zealand | NZ |
| Nicaragua | NI |
| Niger | NE |
| Nigeria | NG |
| Niue | NU |
| Norfolk Island | NF |
| North Korea | KN |
| Northern Ireland | U2 |
| Northern Mariana Islands | MP |
| Norway | NO |
| Oman | OM |
| Pakistan | PK |
| Palmyra Atoll | LQ |
| Panama | PA |
| Papua New Guinea | PG |
| Paracel Islands | PF |
| Paraguay | PY |
| Peru | PE |
| Philippines | PH |
| Pitcairn Island | PN |
| Poland | PL |
| Portugal | PT |
| Puerto Rico | RQ |
| Qatar | QA |
| Republic Of South Korea | KS |
| Reunion | RE |
| Romania | RO |
| Russia | RU |
| Rwanda | RW |
| San Marino | SM |
| Sao Tome & Principe | ST |

| | |
|---|---|
| Saudi Arabia | SA |
| Scotland | U3 |
| Senegal | SN |
| Serbia | RS |
| Seychelles | SC |
| Sierra Leone | SL |
| Singapore | SG |
| Slovakia | SK |
| Slovenia | SI |
| Solomon Islands | SB |
| Somalia | SO |
| South Africa | ZA |
| Spain | ES |
| Spratly Islands | SP |
| Sri Lanka | LK |
| St Helena | SH |
| St Kitts & Nevis | NK |
| St Lucia | SU |
| St Pierre & Miquelon | SQ |
| St Vincent & Grenadines | VC |
| Sudan | SD |
| Suriname | SR |
| Svalbard | SJ |
| Swaziland | SZ |
| Sweden | SE |
| Switzerland | CH |
| Syria | SY |
| Taiwan | TW |
| Tajikistan | TI |
| Tanzania | TZ |
| Thailand | TH |

|  |  |
|---|---|
| Togo | TG |
| Tokelau | TK |
| Tonga | TO |
| Trinidad and Tobago | TT |
| Tromelin Island | TE |
| Trust Terr Of Pacific Isl | PS |
| Tunisia | TN |
| Turkey | TR |
| Turkmenistan | TM |
| Turks & Caicos Islands | TC |
| Tuvalu | TV |
| Uganda | UG |
| Ukraine | UA |
| United Arab Emirates | AE |
| United Kingdom | GB |
| Uruguay | UY |
| Uzbekistan | UZ |
| Vanuatu | VU |
| Vatican City | VT |
| Venezuela | VE |
| Vietnam | VN |
| Virgin Islands(British) | VG |
| Virgin Islands(U.S.) | VI |
| Wake Island | WQ |
| Wales | U4 |
| Wallis & FUTUNA | WF |
| West Bank | WE |
| Western Sahara | EH |
| Western Samoa | WS |
| Yemen | YE |
| Yugoslavia | YO |

| | |
|---|---|
| Zaire | ZR |
| Zambia | ZM |
| Zimbabwe | ZW |

### 5. County Code Values

| LONG NAME | CODE VALUE |
|---|---|
| 1 - Alameda | 01 |
| 2 - Alpine | 02 |
| 3 - Amador | 03 |
| 4 - Butte | 04 |
| 5 - Calaveras | 05 |
| 6 - Colusa | 06 |
| 7 - Contra Costa | 07 |
| 8 - Del Norte | 08 |
| 9 - El Dorado | 09 |
| 10 - Fresno | 10 |
| 11 - Glenn | 11 |
| 12 - Humboldt | 12 |
| 13 - Imperial | 13 |
| 14 - Inyo | 14 |
| 15 - Kern | 15 |
| 16 - Kings | 16 |
| 17 - Lake | 17 |
| 18 - Lassen | 18 |
| 19 - Los Angeles | 19 |
| 20 - Madera | 20 |
| 21 - Marin | 21 |
| 22 - Mariposa | 22 |

| LONG NAME | CODE VALUE |
|---|---|
| 23 - Mendocino | 23 |
| 24 - Merced | 24 |
| 25 - Modoc | 25 |
| 26 - Mono | 26 |
| 27 - Monterey | 27 |
| 28 - Napa | 28 |
| 29 - Nevada | 29 |
| 30 - Orange | 30 |
| 31 - Placer | 31 |
| 32 - Plumas | 32 |
| 33 - Riverside | 33 |
| 34 - Sacramento | 34 |
| 35 - San Benito | 35 |
| 36 - San Bernardino | 36 |
| 37 - San Diego | 37 |
| 38 - San Francisco | 38 |
| 39 - San Joaquin | 39 |
| 40 - San Luis Obispo | 40 |
| 41 - San Mateo | 41 |
| 42 - Santa Barbara | 42 |
| 43 - Santa Clara | 43 |
| 44 - Santa Cruz | 44 |
| 45 - Shasta | 45 |
| 46 - Sierra | 46 |
| 47 - Siskiyou | 47 |
| 48 - Solano | 48 |
| 49 - Sonoma | 49 |
| 50 - Stanislaus | 50 |
| 51 - Sutter | 51 |
| 52 - Tehama | 52 |
| 53 - Trinity | 53 |
| 54 - Tulare | 54 |

| LONG NAME | CODE VALUE |
|---|---|
| 55 - Tuolumne | 55 |
| 56 - Ventura | 56 |
| 57 - Yolo | 57 |
| 58 - Yuba | 58 |
| Out of State | 000 |
| 1st District (SF) | 100 |
| 2nd Distrcit (LA) | 110 |
| 2nd Sub District (Ventura) | 111 |
| 3rd District (Sac) | 120 |
| 4th District (San Diego) | 130 |
| 4th Sub District (Riverside) | 131 |
| 4th Sub District (Santa Anna) | 132 |
| 5th District (Fresno) | 140 |
| 6th District (Santa Clara) | 150 |

**6. Permissive Event Reasons**

| HEALTH EVENT REASON | HEALTH EVENT |
|---|---|
| Custody | Add Dependent |
| Domestic Partner Add | Add Dependent |
| Domestic Partner Child Add | Add Dependent |
| Economically dependent | Add Dependent |
| Loss of Coverage | Add Dependent |
| Marriage | Add Dependent |
| Medically Disabled | Add Dependent |
| New Contracting - Medically Disabled | Add Dependent |
| Off pay Open Enrollment | Add Dependent |
| Return from Military Leave | Add Dependent |
| Special Enrollment Dependent | Add Dependent |
| Cancel: Perm Separation | Cancel Coverage |

| HEALTH EVENT REASON | HEALTH EVENT |
|---|---|
| Military Leave | Cancel Coverage |
| Off Pay Status Cancel | Cancel Coverage |
| Subscriber request | Cancel Coverage |
| Subscriber Request - COBRA | Cancel Coverage |
| Association membership | Change Health Plan |
| Cancel Eligibility Zip - Employer | Change Health Plan |
| Change Eligibility Zip - Employer | Change Health Plan |
| Move | Change Health Plan |
| Off Pay during Open Enrollment | Change Health Plan |
| Special Enrollment - Change Health Plan | Change Health Plan |
| Chg to deduct-FMLA | Change Premium Payment Method |
| Chg to deduct-Return to Work | Change Premium Payment Method |
| Insufficient earnings | Change Premium Payment Method |
| LOA | Change Premium Payment Method |
| Pending NDI | Change Premium Payment Method |
| Suspension | Change Premium Payment Method |
| Worker Comp/Claim Pending | Change Premium Payment Method |
| COBRA Death of Employee | COBRA New Enrollment |
| COBRA Dep Cont-Sub on Medicare | COBRA New Enrollment |
| COBRA Div/Sep/Mv from Household | COBRA New Enrollment |
| COBRA Loss of Dependent Status | COBRA New Enrollment |
| COBRA Loss of Employment | COBRA New Enrollment |
| COBRA New Contract Agency Dep | COBRA New Enrollment |
| COBRA New Contract Agency Sub | COBRA New Enrollment |
| COBRA Reduction in Hours | COBRA New Enrollment |
| Pending Retirement | Continued Enrollment |
| Pending Retirement - Deferred Retirees | Continued Enrollment |
| Re-enroll SES/PA FFPO Survivor | Continued Enrollment |
| Change of custody | Delete Dependent |
| Gains other coverage | Delete Dependent |
| Ineligible dependent | Delete Dependent |

| HEALTH EVENT REASON | HEALTH EVENT |
|---|---|
| Legal separation | Delete Dependent |
| Military - Del Dependent | Delete Dependent |
| Optional Delete | Delete Dependent |
| Vacates household | Delete Dependent |
| Enroll < half time Emp | New Enrollment |
| Enroll Own right Employees | New Enrollment |
| Late or Loss of Coverage (Emp) | New Enrollment |
| Layoff: Enroll Direct Pay | New Enrollment |
| Military - New Enrollment | New Enrollment |
| NC EE Enroll < half time Emp | New Enrollment |
| New contracting employee | New Enrollment |
| New Contracting LOA | New Enrollment |
| New contracting Survivor without Benefits | New Enrollment |
| Re-employment | New Enrollment |
| Reinstatement | New Enrollment |
| Special Enrollment Employees | New Enrollment |
| STRS Survivor No Allowance | New Enrollment |
| Survivor Without Benefits | New Enrollment |
| Time Base & Tenure | New Enrollment |
| OE Cancel Coverage | Open Enrollment |
| Open Enrollment Add Dep | Open Enrollment |
| Open Enrollment Change Health Plan | Open Enrollment |
| Open Enrollment Delete Dependent | Open Enrollment |
| Open Enrollment Employees New Enrollment | Open Enrollment |
| Open Enrollment Enroll < half time Emp New Enrollment | Open Enrollment |

**Appendix B – Comparison of New Field Values to Legacy (ACES) Field Values**

| # | my|CalPERS Field Name | Definition | Equivalent ACES Field Name | Change? |
|---|---|---|---|---|
| 1 | Employer's CalPERS ID | A unique 10-digit identifier created by the new system, Once the Employer becomes an approved Business Partner, the new system will create this unique identifier. This identifier replaces the Employer/Unit Code. | Participant / PERS ER Code | No |
| 2 | Health Event Type | The health event type | Transaction Type | Yes |
| 3 | Health Event Reason | The reasons for health enrollment. These are categorized by Health Event Types | Health Event Reason Code | Yes |
| 4 | Unique Transaction Identifier | The Unique Transaction Identifier is a memo field to record text.

Employers uploading files can use this field to record a text memo for tracking purposes. | Transaction # | No |
| 5 | Event Date | The date that the health event occurred. | Event Date | No |
| 6 | Received Date | The date that the Employer was notified of the health event. | HBO Received Date | No |
| 7 | Apply Change To Medical | Indicates that the change/enrollment is applicable to Medical benefit type. | Non-existent | Yes |
| 8 | Apply Change To Dental | If dental becomes an option in the future, this data element indicates the change/enrollment applies to the Dental benefit. | Non-existent | Yes |
| 9 | Apply Change To Vision | If vision becomes an option in the future, this data element indicates the change/enrollment applies to | Non-existent | Yes |

| # | my\|CalPERS Field Name | Definition | Equivalent ACES Field Name | Change? |
|---|---|---|---|---|
| | | Vision benefit. | | |
| 10 | Rescind Indicator | Indicates whether a health enrollment transaction, with a future date, should be rescinded. | Non-existent | Yes |
| 11 | Rescind Reason | Reason why a health enrollment transaction is rescinded. | Non-existent | Yes |
| 12 | Rescind Notes | Notes about the reason for rescission. | Non-existent | Yes |
| 13 | Appointment ID | This represents the position into which the Employee was hired.<br><br>CalPERS will generate and store Appointment ID for the Participant at the time of enrollment.  If the Employee has been hired into a new job for an existing appointment, this ID can be reported by the Employer (e.g., Employee switches from being a janitor to bus driver) to identify the employee. | Non-existent | Yes |
| 14 | Person Identifier Type | Type of unique Person identifier. | Non-existent | Yes |
| 15 | Person Identifier | The unique identifier available for the Person that is provided. | SSN | Yes |
| 16 | New SSN | The New SSN is a correction to the Social Security Number | Non-existent | Yes |

| # | my\|CalPERS Field Name | Definition | Equivalent ACES Field Name | Change? |
|---|---|---|---|---|
| 17 | Original Hire Date | The first date of hire for this Employee at this Employer. | Non-existent | Yes |
| 18 | Prefix | The Person's prefix. | Non-existent | Yes |
| 19 | First Name | The Person's first name. | First Name | No |
| 20 | Middle Name | The Person's middle name. | Middle Name | No |
| 21 | Last Name | The Person's last name. | Last Name | Yes |
| 22 | Gender | The Person's gender. | Gender | No |
| 23 | Birth Date | The Person's date of birth. | Date of Birth | No |
| 24 | Suffix | The Person's suffix. | Name Suffix | Yes |
| 25 | Address Type | Types of address. | Addr Type | No |
| 26 | Use Address for Health | Indicates that the Person's address should be used for health enrollment. | Non-existent | Yes |
| 27 | Health Eligibility ZIP Code Type | The type of Zip Code used to determine health eligibility. | Eligibility ZIP Type | No |
| 28 | Health Eligibility ZIP Code | The health eligibility Zip Code. | Eligibility ZIP | No |
| 29 | County | The county the Employee designates for health eligibility. | Non-existent | Yes |
| 30 | Address 1 | The first address line. | Alt Address Line | No |
| 31 | Address 2 | The second address line. | Alt Address Line | No |
| 32 | Address 3 | The third address line. | Non-existent | Yes |
| 33 | City | The city. | City | No |
| 34 | State | The state. | State | No |
| 35 | ZIP Code 5 | The Zip or postal code. | ZIP Code 5 | Yes |

| # | my\|CalPERS Field Name | Definition | Equivalent ACES Field Name | Change? |
|---|---|---|---|---|
| 36 | ZIP Code 4 | The Zip or postal code. | ZIP Code 4<br>ZIP Code 2 | Yes |
| 37 | Country | The country. | Country | No |
| 38 | Province/Territory | The province or territory. | Province / Territory | No |
| 39 | Postal Code | The international postal code. | Non-existent | Yes |
| 40 | Phone Type | The phone type such as mobile or fax. | Non-existent | Yes |
| 41 | US Phone | The Person's contact phone number in the USA. | Daytime Phone Area<br>Daytime Phone | No |
| 42 | International Phone | The Person's International contact phone number. | Non-existent | Yes |
| 43 | Extension | The Person's phone number extension. | Non-existent | Yes |
| 44 | Email | The Person's e-mail. | Non-existent | Yes |
| 45 | Qualifying Person ID Type | The type of unique identifier for the member that qualifies the Subscriber for health enrollment. | Non-existent | Yes |
| 46 | Qualifying Person ID | The unique identifier of the member who qualifies the Subscriber for health enrollment. | Qualifying SSN | No |
| 47 | Permanent Separation Date | Last day of a qualifying individual's employment. | Participant / Effective Date | No |
| 48 | Retirement Date | Retirement date of the qualifying individual | Non-existent | Yes |
| 49 | First Name | The Employee's first name. | First Name | No |
| 50 | Middle Name | The Employee's middle name. | Middle Name | No |
| 51 | Last Name | The Employee's last name. | Last Name | Yes |
| 52 | Gender | The Employee's gender. | Gender | No |
| 53 | Birth Date | The Employee's date of birth. | Birth Date<br>New Birth Date | No |

| # | my\|CalPERS Field Name | Definition | Equivalent ACES Field Name | Change? |
|---|---|---|---|---|
| 54 | Eligibility Basis | The basis for COBRA eligibility. | Eligibility Basis | No |
| 55 | Original Cobra Start Date | The first day of COBRA health enrollment coverage. | COBRA Start Date | No |
| 56 | Affiliated Association | The affiliated association of the qualifying individual. | Non-existent | Yes |
| 57 | Medical Plan Selection | Used to select a medical plan. | Plan Code | No |
| 58 | Medical Group | Medical group of the qualifying Individual | Medical Group | No |
| 59 | Dental Plan Selection | Used to select a dental plan. | Non-existent | Yes |
| 60 | Vision Plan Selection | Used to select a vision plan. | Non-existent | Yes |
| 61 | Dependent Identifier Type | The unique identifier available for the Dependent that is provided. | Non-existent | Yes |
| 62 | Dependent Identifier | The unique Dependent identifier, as specified by Identifier Type field. | Dependent / SSN | No |
| 63 | Dependent Gender | The Dependent's gender. | Dependent / Gender | No |
| 64 | Dependent DOB | The Dependent's date of birth. | Dependent / DOB | No |
| 65 | Dependent Prefix | The Dependent's prefix. | Non-existent | Yes |
| 66 | Dependent First Name | The Dependent's first name. | Dependent / First Name | No |
| 67 | Dependent Middle Name | The Dependent's middle name. | Dependent / Middle Name | No |
| 68 | Dependent Last Name | The Dependent's last name. | Dependent / Last Name | Yes |
| 69 | Dependent Suffix | The Dependent's suffix. | Dependent / Name Suffix | No |
| 70 | Date of Marriage/Partnership | The date the Dependent became a spouse/domestic partner of the Primary Subscriber. | Event Date | No |
| 71 | Address Same as Primary Subscriber | Indicator of whether the Dependent's address is the same as that of the Primary Subscriber. | Non-existent | Yes |
| 72 | Dependent Address Type | The Dependent's types of address. | Non-existent | Yes |
| 73 | Dependent Address 1 | The first address line of the | Non-existent | Yes |

| # | my\|CalPERS Field Name | Definition | Equivalent ACES Field Name | Change? |
|---|---|---|---|---|
| | | Dependent's address. | | |
| 74 | Dependent Address 2 | The second address line of the Dependent's address. | Non-existent | Yes |
| 74 | Dependent Address 3 | The third address line of the Dependent's address. | Non-existent | Yes |
| 76 | Dependent City | The city of the Dependent's address. | Non-existent | Yes |
| 77 | Dependent State | The state of the Dependent's address. | Non-existent | Yes |
| 78 | Dependent ZIP Code 5 | The 5 digit ZIP or postal code of the Dependent's address. | Non-existent | Yes |
| 79 | Dependent ZIP Code 4 | The 4 or 2 additional digits of a ZIP or postal code of the Dependent's address. | Non-existent | Yes |
| 80 | Dependent Country | The country of the Dependent's address. | Non-existent | Yes |
| 81 | Dependent Province/Territory | The province or territory of the Dependent's address. | Non-existent | Yes |
| 82 | Dependent Postal Code | The international postal code of dependent | Non-existent | Yes |
| 83 | Dependent Relationship | The Dependent's relationship to the Primary Subscriber. | Dependent / Legacy Relationship Code | No |
| 84 | Dependent Type | The type of Dependent. | Non-existent | Yes |
| 85 | Disabled Dependent Indicator | Indicates if the added dependent is a disabled dependent child. | Non-existent | Yes |
| 86 | Disabled Dependent Confirmation Indicator | Indicates that the Employer understands the disabled dependent enrollment is not confirmed until review by CalPERS. | Non-existent | Yes |
| 87 | Economically Dependent Confirmation Indicator | Indicates if the economically dependent child has been validated | Non-existent | Yes |
| 88 | Dependent Acquired Date | The date that the economically child is acquired by the subscriber | Non-existent | Yes |

| # | my\|CalPERS Field Name | Definition | Equivalent ACES Field Name | Change? |
|---|---|---|---|---|
| 89 | Apply to Medical | Indicates if the enrollment transaction should be applied to Medical. | Non-existent | Yes |
| 90 | Apply to Dental | Indicates if the enrollment transaction should be applied to Dental. | Non-existent | Yes |
| 91 | Apply to Vision | Indicates if the enrollment transaction should be applied to Vision. | Non-existent | Yes |